



CONNECTICUT | WINTER 2007

PROVIDER

Newsletter

MEDICAID

HELP ENCOURAGE POSTPARTUM VISITS

The postpartum exam is an opportunity for an obstetrician or nurse midwife to discuss a new mother's physical and emotional health and to respond to any questions or concerns the member or provider may have.

For PreferredOne women who recently had a baby, the Plan mails reminders to schedule and keep postpartum appointments within 21 to 56 days of delivery and makes telephonic outreach as an additional reminder. In addition, weekly correspondence is sent to OB/GYN providers listing PreferredOne members due for postpartum care. We work hard to improve the postpartum visit rate, but **we need your help**.

As a health care practitioner who cares for new mothers, your recommendation is a key factor in how they maintain their health. We ask that while a member is in your office, you review her medical records to determine if a postpartum visit is due, regardless of whether she is assigned to you or another practitioner in your group. For women who need a postpartum exam, either provide the examination at that time, or schedule a follow-up appointment for the exam.

MEDICAID

HOSPITAL AND ANCILLARY FACILITIES:

SUBMIT REVENUE AND RATE CHANGES

Please send the Plan all revenue and rate changes received from the Department of Social Services (DSS). PreferredOne will then update the rates and/or revenue codes in our systems.

PREVENTIVE HEALTH EXAMS ENCOURAGED

In efforts to provide the best possible health care to our members, particularly adolescents, the Plan encourages primary care physicians (PCPs) to administer preventive health exams when hard-to-reach members present themselves to the office. If you see a member for a problem-focused visit, we urge you to also provide a thorough preventive medical examination if one has not been performed in the prior 12 months. You may then bill the Plan for both services.

Should you have any questions, please call the Provider Hotline or your local Provider Relations representative.

UPDATED QUICK REFERENCE GUIDES ON THE WEB

Be sure to refer to the Quick Reference Guides (QRG) posted under the Provider area of our Web site, www.wellcare.com. 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.

DENTAL VENDOR CHANGE FOLLOW-UP

Effective November 1, 2007, Healthplex of CT, Inc. (Healthplex) became the new dental vendor for PreferredOne (HUSKY A & B) and WellCare members. In October 2007, WellCare/PreferredOne members were notified of the change and provided with pertinent information to help them with the transition. This information included a new ID card for all PreferredOne members, containing Healthplex's contact information and notification of the member's newly assigned primary care dentist (PCD), based on prior claims utilization data and the member's address on file. The PCD will provide and coordinate all of the member's dental needs.

Members were also provided with a separate dental ID card which contains their PCD's contact information. Members can change their PCD at any time by contacting Healthplex at **1-888-468-5184**.

In 2008, WellCare will implement various dental initiatives in an effort to increase dental access for our members.

We are excited about this partnership with Healthplex, and we welcome this opportunity to better serve our members. Should you have any questions regarding this change, please call your Provider Relations representative.



How to Contact Healthplex

Member Services: **1-888-468-5184**

Provider Relations: **1-888-468-2183**

Web site: www.healthplex.com

AVOID MISSED OPPORTUNITIES TO IDENTIFY AND TREAT CHLAMYDIA

Most women infected with *Chlamydia trachomatis* have no symptoms of disease, thereby minimizing the chances they will seek care. Therefore, it is critical that clinicians seize opportunities to test women at risk for chlamydia whenever possible. Any young woman under age 25 who is sexually active is at risk for chlamydial infection. In order to avoid missed opportunities to prevent the harmful consequences of untreated chlamydia and to increase compliance with the HEDIS® chlamydia testing measure, routine testing for chlamydia should be provided for young women 16–25 years old who are seeking care for any of the following reasons:

- She suspects she is pregnant.
- She has a history of any sexually transmitted disease.
- She is seeking contraceptive services.
- She is seeking gynecological services.
- She has indicated that she has been sexually assaulted or abused.
- She indirectly indicates that she may have had sexual relations.

Upon recognizing a young woman is at risk, clinicians should:

- Provide appropriate STD prevention counseling.
- Set up a reminder system in the patient's chart to routinely test for chlamydia, as well as other common STDs.

The final challenges are counseling the patient and treating all sex partners, so that re-infection does not occur. It is important that the patient understand the likelihood that she will be re-infected unless all of her sex partners are free of chlamydial infection. The American Social Health Association (ASHA) publishes a series of brochures on women's health, counseling and preventing STDs. Visit www.ashastd.org for details.

Source: Excerpts taken from an article published by Centers for Disease Control, "Take Action on HEDIS, Chlamydia Screening: A New HEDIS Measure Important to Your Members."

CONNECTICUT PHARMACY UPDATE

VYVANSE HAS NO ADVANTAGE OVER OTHER PRODUCTS FOR ADHD

Vyvanse™ (lisdexamfetamine dimesylate), a created prodrug of *d*-amphetamine, was recently approved by the FDA for treatment of attention deficit hyperactivity disorder (ADHD) in children. It was designed to have less potential than amphetamine for abuse, diversion and overdose toxicity. Similar to methylphenidate and the

amphetamines, Vyvanse is still classified as a Schedule II controlled substance. Studies currently show there is no evidence that Vyvanse offers any advantages over any other formulation of amphetamine for treatment of children with ADHD. Older drugs with better established dosages and safety records should still be preferred.

Source: *The Medical Letter* July 16, 2007; (1265) pp. 58–59.

INFLUENZA SEASON BY THE NUMBERS

- At least **226,000** people are hospitalized every year due to influenza.
- Influenza kills **36,000** people on average each year in the U.S. (mostly the elderly).
- Close to **73%** of the U.S. population is included in one or more target groups identified by the CDC's guidelines that should receive the vaccine.
- During last season, close to **only a third** of the CDC target population received an influenza vaccination.
- **Less than a third** of asthmatic children, already considered high-risk, actually receive a flu shot sometime over their entire lifespan.
- Flu shots are **70% to 90%** effective in healthy people younger than age 65 (at times when a close match between circulating viruses and the vaccine is determined).

WellCare Health Plans and PreferredOne appreciate our providers' support in preparing members for the current flu season.

Source: *Centers for Disease Control (CDC)*

FORMULARY CHANGES FOR PREFERREDONE

August 2007		September 2007	
Additions	Removals	Additions	Removals
Pravastatin	N/A	Humulin® Insulin Products	Novolin® Insulin Products
Clarithromycin Immediate-Release		Humalog® Insulin Products	NovoLog® Insulin Products
		Tev-Tropin® (PA Required)	

HIGH-RISK GROUPS FOR FLU VACCINATIONS

Members with chronic medical conditions, including:

- Cardiovascular disease
- Pulmonary disorders, including emphysema and asthma
- Chronic metabolic diseases, including all types of diabetes
- Renal disease (renal failure or renal dysfunction)
- Hemoglobinopathies (e.g., sickle cell disease, thalassemia)
- Immune dysfunction, including immunodeficiency caused by HIV infection or immunosuppressive therapy (e.g., radiation therapy, chemotherapy, high-dose steroids, or immunomodulating medications)
- Any condition that can compromise respiratory function, the handling of respiratory secretions, or that increases the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
- Children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy increasing risk for experiencing Reye's syndrome (after influenza virus infection)

Members in one or more of the following groups:

- Health care workers
- Caregivers or live-ins for the patients listed below
- Children aged 6 to 59 months
- Persons 50 years of age and over
- Women who will become pregnant during the influenza season, are currently pregnant or are currently breastfeeding
- Residents of nursing homes and other chronic-care facilities

The focus on high-risk members is due in part to these individuals already being at risk to other medical complications and more likely to require even more intensive care in the event they are infected. However, all eligible persons, not just those in high-risk groups, are encouraged to obtain their appropriate vaccinations.

WellCare Health Plans and PreferredOne appreciate our providers' support in preparing our members for the flu season.



IDENTIFYING DOMESTIC VIOLENCE

Health care providers are commonly the first people called upon for help by domestic violence victims, yet most cases either remain unrecognized or do not receive safe and timely intervention. In order to provide the most effective care to victims, all health care providers are advised to be aware of the clinical indicators associated with domestic violence in same-sex as well as heterosexual partnerships.

Clinical Indicator

Assess for patterns of injuries:

- Bilateral injuries—fingerprint bruises on both upper arms, rope burns on both wrists and ankles
- Patterned bruising—bruising in the shape of objects like a belt buckle
- Multiple injuries in various stages of healing
- Injuries located in unusual places—burns on a patient's back
- Adult, human bite marks

Listen to the Victim's Explanation of Events

Compare the victim's explanation with the actual injuries—the injuries may be inconsistent with the patient's or partner's explanation (e.g., the patient may claim to have fallen, however the injuries are not consistent with a fall).

Timeliness of Medical Attention

Monitor for unexplained delays between injury or severe symptom onset and seeking medical treatment:

- Assess the patient's demeanor
- Monitor for emotional and behavioral cues
 - Appears fearful of partner
 - Avoids eye contact with partner
 - Checks with partner before answering questions
 - Exhibits a “flat” affect

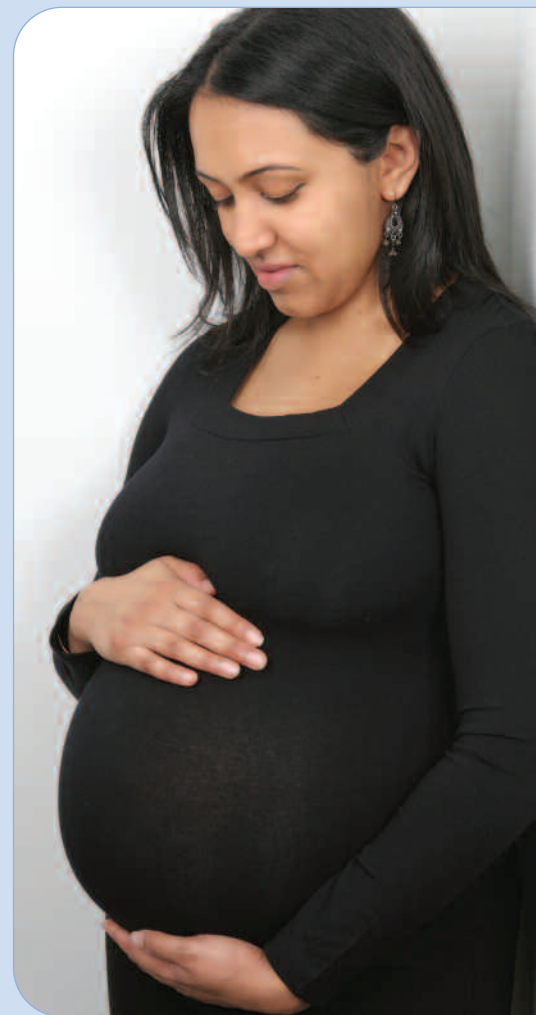
Domestic Violence Often Starts or Escalates During Pregnancy

If you provide prenatal care or perinatal care, you have a unique opportunity to identify victims of domestic violence. Some cues might include:

- Late entry or no prenatal care
- Complications in previous pregnancies, spontaneous abortion, poor weight gain, first- or second-trimester bleeding, preterm labor, low birth weight, placental abruptions
- Reports of partner “teasing” about weight gain

Remember: Ask every battered patient, “Is it safe for you to go back home?” If not, you must treat the situation as a crisis. Domestic violence advocates can help locate emergency housing. Overnight hospitalization may be an option. Depending on the situation, you might be able to bill under DRG 455.5, ICD9 Code 995.81, Adult Maltreatment Syndrome (remember to document all pertinent information). Let the patient stay in your facility until transportation to a safe shelter is arranged.

For more information, contact the Domestic Violence Hotline at 1-800-799-7233. Additional domestic violence resources are available on their Web site at <http://www.ndvh.org/>.



NEW VICE PRESIDENT OF NETWORK DEVELOPMENT

Dear Provider Network Partners:

I joined WellCare of Connecticut as Vice President of Network Development in June of 2007. In Medicaid, we have over 30,000 members and over **4,800** providers under the PreferredOne brand. In Medicare, we have over 3,100 members and over **2,800** providers.

Provider Relations has four key goals:

1. Pay provider claims timely and accurately.
2. Minimize provider "hassles."

3. Make commitments and follow through on them.
4. Be the "local" health plan.

The Connecticut team is committed to these goals. We look forward to working with all of you, and I hope to meet you in the near future.

Sincerely,
Jim Gillen
jgillen@wellcare.com
203-239-7444, ext. 3119

MEDICARE

MEDICARE EXPANDS TO TOLLAND COUNTY

As a reminder, effective January 1, 2008, WellCare will offer Medicare services in Tolland County. We are pleased to expand our Medicare business in the state of Connecticut.

Please contact your Provider Relations representative with any questions.

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