WellCare

FLORIDA | FALL/WINTER 2007

PROVIDER Newsletter

WELLCARE PLANS EARN AAAHC ACCREDITATION

The Accreditation Association for Ambulatory Care Inc. (AAAHC) completed an on-site survey in March and granted WellCare and HealthEase of Florida accreditation for three years. This designation reflects that the organization promotes the delivery of high-quality care and performance-improvement principles.

Accreditation is a voluntary process through which an organization is able to measure the quality of its services and performance against nationally recognized standards. The accreditation process involves self-assessment by the organization as well as a thorough review by the Accreditation Association's expert surveyors, who possess extensive experience in managed care. This self-analysis, grouped with peer review and consultation, ultimately helps an organization improve its care and services.

The survey process includes interviews with staff and leadership, the review of documents and a number of discussions. These include such topics as member rights, governance, administration, quality, facilities and environment, clinical records and health information, provider network and relations, and health education/wellness services. The Certificate of Accreditation is a symbol to all that WellCare is committed to providing high quality care. It sends a signal of confidence to the communities we serve.

WellCare Health Plans is proud of its accomplishments and the continued contributions of its associates and provider network in the pursuit of excellence for our members.

ACCESS AND AVAILABILITY

To ensure that WellCare members have access to their physicians, the following criteria have been adopted for our PCPs:

- Provide medical coverage 24 hours a day, seven days a week
- See scheduled appointments within 30 minutes of the appointment time
- Schedule and see emergent referral appointments immediately
- Schedule and see urgent referral appointments within one day
- Schedule and see routine "sick" care appointments within one week
- Schedule and see well care appointments within 30 days of a member's request

And for our Specialty Care Providers:

- Schedule and see emergent referral appointments immediately
- Schedule and see urgent referral appointments within one day
- Schedule and see routine "sick" care appointments within one week
- Schedule and see well care appointments within 30 days of a member's request

POISONOUS PLAYTIME

LEAD POISONING ON THE RISE— TOYS TO BLAME?

WellCare of Florida Inc. and HealthEase need providers as partners to combat the threat of lead poisoning by ensuring that children are properly tested. Recent WellCare medical record audits show a poor compliance rate for the number of children tested in Florida.

Contrary to common misconceptions, Florida is affected by lead poisoning. Three counties report a large number of cases involving high blood lead levels. Broward County, at 39 cases, has the greatest number of high-blood-lead-level reports. Orange County follows, with blood-lead-level reports at 19. Duval County reports having 14 high-blood-lead-level cases. Hillsborough County has reported seven cases.

Not "just one more test!"

Providers must perform blood lead testing for all young members. The only way to determine if a child has lead poisoning is to perform the blood test. Omitting the blood lead test is too dangerous. This simple test could save a child's life!

WellCare will provide additional diagnostic and treatment services to a child or adolescent diagnosed with an elevated blood lead level.

Parent/Guardian Education

WellCare also needs help in educating parents about the rise in lead poisoning risks. Physicians can help inform patients' parents or guardians about lead poisoning by:

- Sharing product recall alerts with parents and posting pictures or lists in office lobbies or waiting rooms.
- Encouraging parents or guardians to stay on track with their child health checkup appointments.

Risk Factors

Children between the ages of 9 months and 6 years are at the highest risk for lead poisoning. Lead poisoning can affect nearly every system in the body, and it often occurs with no obvious symptoms. Lead poisoning is known to cause learning disabilities, behavioral problems, seizures, comas and, at very high levels, death.

Toy Recalls

The presence of lead in children's toys and jewelry is a dangerous threat that is affecting the nation.

In September, Mattel® recalled about 675,000 Barbie® accessory toys because of an excessive amount of lead in surface paint. These toys were manufactured in China and sold nationwide in retail stores.

In August, Fisher-Price®, in cooperation with the United States Consumer Product Safety Commission, recalled almost 1 million toys because of excessive lead levels found in surface paint. These toys were also manufactured in China and sold in retail stores nationwide. They included beloved children's character toys from Sesame Street® and Nickelodeon®.

Although toy companies have taken measures to test toys for lead and ensure safety, lead poisoning deriving from consumer products remains a threat.

For more information about Mattel's toy recalls and how to handle the recalls, visit their Web site at **www.mattel.com/safety** or call their hotline at **1-888-496-8330**.

To view current information on lead recalled products, visit the U.S. Consumer Product Safety Commission's Web site at **www.cpsc.gov** or call their hotline at **1-800-638-2772**.

Resources

MedTox Laboratory offers paper lead testing supply kits to providers in all states for free. If they administer the test, there is a charge for their services. Call **1-800-832-3244** for more information about obtaining the free lead testing supplies.

For more information about lead poisoning and product recalls, please visit the Florida Department of Health's Childhood Lead Poisoning Prevention Program's Web site at **www.doh.state.fl.us/environment/community/lead/index.html**. From this Web site, you may join Florida's Lead Alert Network to receive e-mail alerts about the latest lead product recalls.

Sources:

(AP). Fisher-Price recalls 1 million toys. Retrieved on August 2, 2007 from http://www.cnn.com.

Linn, A. (August 14, 2007). Spate of recalls sparks safety fears in parents. Retrieved on August, 15, 2007 from http://www.msnbc.com.

Fisher-Price Recalls Licensed Character Toys Due to Lead Poisoning Hazard. Retrieved on September 7, 2007 from http://service.mattel.com/us/recall/39054CPSC.pdf.

Mattel Recalls Various Barbie Accessory Toys Due To Violation of Lead paint Standard. Retrieved on September 7, 2007 from http://service.mattel.com/us/recall/K8607CPSC.pdf.

BIPOLAR DISORDER AND SAFE PRESCRIBING OF LITHIUM

Lithium has a long history of use in the treatment of behavioral health conditions. In the early 1970s, the Food and Drug Administration (FDA) approved its use, and today it is still considered the first-line drug of choice for treating bipolar disorder by national expert consensus panels. Considered a weak antidepressant but not a major tranquilizer, lithium provides little relief for a patient in a severe acute manic phase.

Like many medications, lithium has side effects. Most importantly, lithium has a relatively narrow range of safety. Serial blood levels of lithium must be monitored routinely to ensure a patient's blood levels are within the defined zones of both therapeutic effectiveness and safety.

Monitoring Blood Levels

While there are no agreed-upon standards on how often lithium levels should be observed, clinicians are advised to be certain that blood levels have reached a steady state and are not moving into the toxic range. When initiating patient treatment with lithium, it is most critical that clinicians frequently monitor the lithium levels in order to satisfy that they are leveled out within a therapeutic range. The generally accepted therapeutic range for the blood level of lithium is 0.6–1.2 milliequivalents per liter (meq/L).

When the dosage to maintain therapeutic levels is determined, it is recommended that lithium levels confirm a continued steady state in the therapeutic range. Clinical judgment should be used to determine the frequency of these levels, and they should be monitored to ensure a safe therapeutic range.

Key factors in deciding the frequency of blood levels and continuing administration of lithium include:

- Knowledge about the patient–i.e., patient's insights about illness and care, social circumstances, current pregnancy or breast-feeding
- Other medications the patient is taking –i.e., diuretics, neuroleptics
- Concurrent medical problems–i.e., renal or cardiovascular disease, debilitation, dehydration, concurrent infections
- The patient's ability to adhere to a treatment plan

Lithium levels above 1.5 meq/L may lead to signs of toxicity, including tremor, ataxia, mental confusion, nausea, vomiting and severe diarrhea. An overdose can be lethal and should be avoided in patients prone to overdosing on their medications or those patients who are unreliable with their medication adherence.

Lithium is metabolized by excretion through the kidneys, and any condition or medication that affects urine output may lead to lithium toxicity.

Patients receiving diuretics can show symptoms of renal or cardiovascular disease, hypothyroidism or encephalopathic syndrome. Patients are at greater risk for toxicity when they are debilitated or have dehydration or sodium depletion. For that reason, initial and periodic evaluation, based on relative risks should include an EKG, thyroid studies, electrolytes and serum creatinine.

Drug Interactions

One major caution when administering lithium would be monitoring the concomitant use of thiazide diuretics, which may cause lithium levels to increase drastically as urine output increases. There can also be subsequent changes in potassium levels, raising the possibility of acute confusional states (delirium) and life-threatening arrhythmias.

Because of these potential complications, physicians are advised to avoid prescribing lithium while the patient is treated with a thiazide diuretic. Practitioners can substitute the use of valproic acid (Depakote) when kidney disease exists or the patient requires thiazide diuretic medication.

Source: Phillip W. Long, M.D. Lithium Carbonate. Internet Mental Health, 1995–2005. (http://www.mentalhealth.com)

CHANGES TO MEDICAID VISION NETWORK

Effective October 1, 2007, Premier Eye Care and Advantica Eye Care became the new vision providers for Staywell and HealthEase members. Benefits remain the same.

Services are provided as follows:
Medical eye care—Premier Eye Care
Routine eye care—Advantica EyeCare

Medical Eye Care

For initial visits, members should contact their PCPs to coordinate medical eye care. The member's PCP should contact Premier Eye Care directly at **1-800-738-1889** for authorization.

After the initial visit, the optometric physician or ophthalmology provider will contact Premier for authorization to the appropriate provider. Advantica routine vision providers may also contact Premier directly for a medical authorization following a routine visit if necessary. The Premier optometric physician or ophthalmology provider is then responsible for obtaining the authorizations directly from Premier Eye Care for all subsequent visits.

Routine Vision

For routine vision care, members should contact Advantica EyeCare's Customer Service department at **1-866-468-0450** or refer to Advantica's Web site at **www.advanticaeyecare.com**.

If you have any questions, please contact the Provider Hotline or your Provider Relations representative.

WELLCARE HANGS LTC SHINGLE

WELLCARE IS NOW OPEN FOR BUSINESS IN FLORIDA FOR LONG-TERM CARE.

The Comprehensive Assessment and Review for Long Term Care Services (CARES) program has welcomed the Florida WellCare Senior Partnership program into its Nursing Home Diversion Program.

WellCare Senior Partnership provides frail elderly persons with case-management and long-term care services that promote independence and a higher quality of life, allowing them to remain in the community.

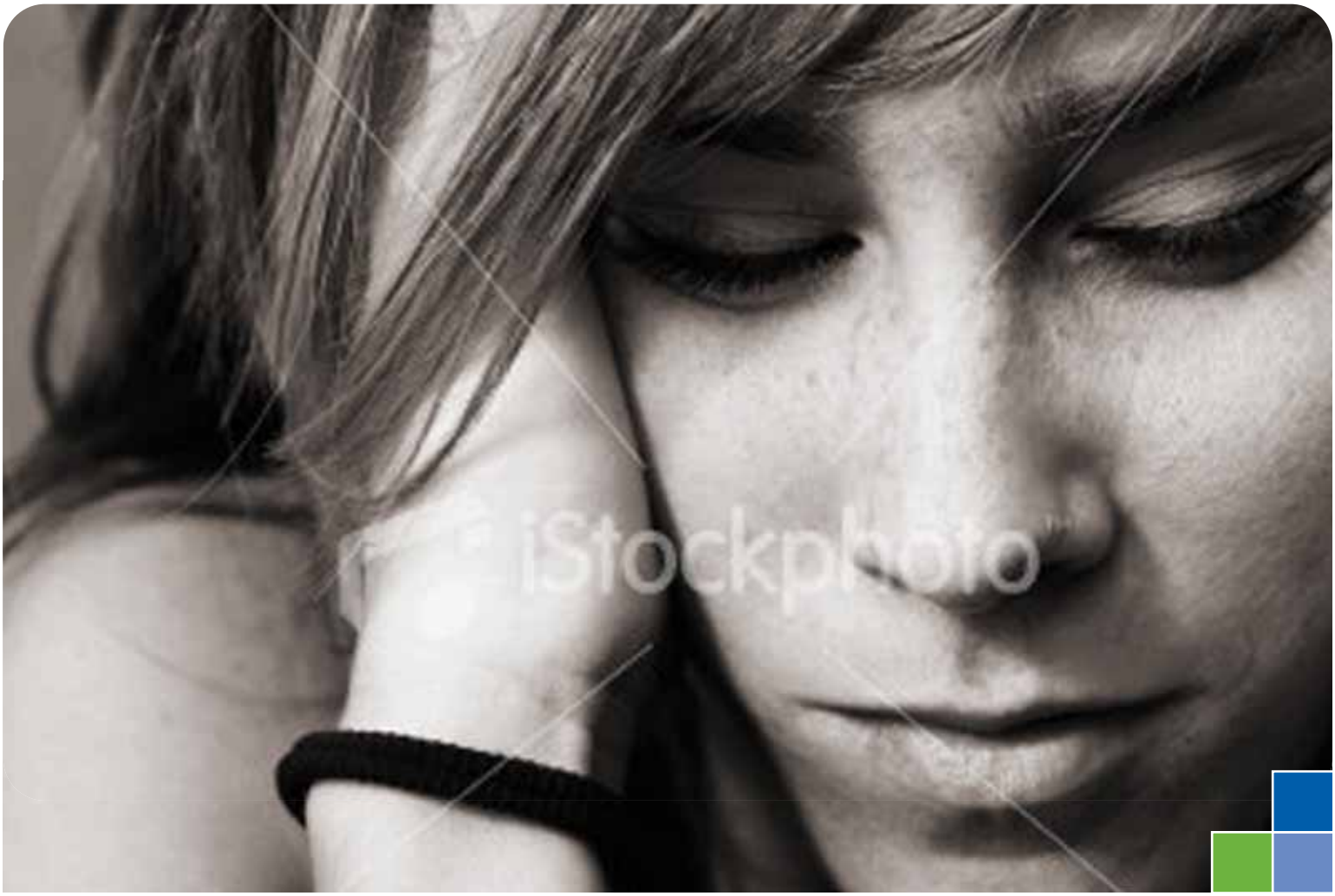
Patients enrolled in the plan will continue to receive primary medical coverage through Medicare fee-for-service or their Medicare HMO. WellCare Senior Partnership will act as a secondary payer for Medicare deductibles and co-insurance, according to Medicaid guidelines.

The plan was eligible to begin enrolling Florida long-term care members as of September 1, 2007. Initially, the WellCare Senior Partnership will be offered as an LTC choice by CARES in Duval, Orange, Osceola, and Seminole counties.

The Florida Long Term Care Diversion Program is designed to provide home- and community-based services for low-income, frail and elderly individuals who are at risk for Medicaid nursing home placement.

Regulatory agencies with oversight responsibility include the Department of Elder Affairs (DOEA) and the Agency for Health Care Administration (AHCA).

For more information on WellCare's Long-Term Care program, call **1-866-581-0904**.



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:

- Patient suspects she is pregnant
- Patient has a history of any sexually transmitted disease
- Patient is seeking contraceptive services
- Patient is seeking gynecological services
- Patient has indicated that she has been sexually assaulted or abused
- Patient 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."

MEMBER'S RIGHTS AND RESPONSIBILITIES

WellCare members have certain rights and responsibilities that all WellCare associates and providers must uphold. We require all WellCare providers to post the Member's Rights and Responsibilities form in their offices, where all WellCare members are able to clearly see it.

The Member's Rights are as follows:

- To be provided with information about coverage, services and use of the Health Plan
- To receive considerate, respectful care and be treated with human dignity
- To know the names and titles of all physicians and other health care professionals involved in their medical treatment
- To understand their medical conditions and health status, recommended course of treatment, alternatives and risks involved
- To actively participate in decisions regarding their medical care
- To be informed of continuing health care requirements following discharge from the hospital or office
- To refuse treatment, providing they choose to accept responsibility and the consequences of such a decision
- To refuse to participate in any medical research projects
- To have all complaints forwarded to WellCare Customer Service for appropriate response
- To have access to their medical records and to have the privacy and confidentiality of those records maintained
- To complete an Advance Directive form
- To make suggestions for improvement to WellCare
- To appeal unfavorable medical or administrative decisions by following the established grievance procedures of WellCare and the State
- To have all the above rights apply to the person having legal authority to make decisions regarding their health care
- To have all Health Plan personnel observe their rights
- To exercise these rights without regard to sex, age, race, ethnic, economic, educational or religious background

The Member's Responsibilities are as follows:

- To understand how WellCare works by reading the WellCare of Florida, Inc. or HealthEase of Florida, Inc. Member Handbook
- To carry their WellCare and Medicaid cards at all times and to present them to each provider (doctor, lab, hospital, pharmacy, etc.) at the time services are being provided
- To select and seek all non-emergency care by appointment through their assigned Primary Care Doctor, to obtain a referral from their Primary Care Doctor for specialty care, and to cooperate with all persons providing their care and treatment
- To be on time for appointments
- To notify the doctor's office well in advance if they need to cancel or reschedule an appointment
- To be respectful of the rights, property and environment of all providers, employees, and other patients, and not to be disruptive
- To be responsible for understanding and following advice concerning their treatment, and to ask questions if they do not understand or need an explanation
- To understand the medications they take; know what they are, what they are for, and how to take them properly
- To provide accurate and complete medical information to all providers as may be required in the course of their treatment
- To make sure their current doctor has been provided with copies of all previous medical records
- To notify WellCare within 48 hours, or as soon as possible, if they are hospitalized or receive emergency room care

CHECKUPS KEEP KIDS ON TRACK TO WELLNESS

WellCare child health checkup rates indicate that encounter data does not reflect that well-child visits are provided in accordance with the American Academy of Pediatrics Periodicity Schedule.

Each month, WellCare distributes a member listing that providers should use to identify members on their panels who need child health checkup visits. Children may enter the periodicity schedule at any time, and initial screenings should be performed within 90 days of enrollment to a provider's panel.

Providers are encouraged to schedule child health checkup visits for members who have not completed the recommended schedule (see chart, right), to perform and document the required age-appropriate components,* and to use appropriate CPT codes and modifiers to receive proper credit for the visit.

Documenting Child Health Checkups

Checkups must be documented on the medical chart and meet the following standards to count as a well-child visit:

- Health and developmental history
- Physical exam (must be unclothed) and in addition to the standard elements, must include:
  - Hearing and vision screening
  - Referrals as necessary
- Health education/anticipatory guidance
  - Safety, nutrition, health and social behavior
  - Assessment/plan
  - Lab tests as required
  - Immunizations

Preventive services may be rendered on the occasion of visits other than well-child visits, but must be coded appropriately.

THE CHILD HEALTH CHECKUP PERIODICITY SCHEDULE

- Pre-natal—High-risk or first-time parents and those requesting a conference
- Newborn—Birth or neonatal examination newborns discharged within less than 48 hours of delivery per AAP statement "Hospital Stay for Health Term Newborns" (1995)
- 2-4 days for newborns discharged in less than 48 hours
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- Once per year for 3-20 year olds

**The required components of the child health checkup are detailed in the WellCare Provider Manual, Section 2. The most current guidelines are available at ahca.myflorida.com/Medicaid/childhealthservices/chc-up/.*

PROVIDE UPDATED INFORMATION TO WELLCARE

As a reminder, please provide to WellCare any updated information or changes that would affect your status with the plan.

Inform the plan in writing within 24 hours of:

- Any revocation or suspension of your DEA number, and/or
- Suspension, limitation, or revocation of your license, certification or other legal credential authorizing you to practice in the state of Florida.

Inform the plan in writing immediately of changes to:

- Licensure status
- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance

By keeping your information up-to-date, you are helping to improve member accessibility.

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 heterosexual and same-sex 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.

The Florida Department of Children and Families has several domestic violence resources on its Web site at **www.dcf.state.fl.us/domesticviolence/**.

If you have any questions or concerns involving referrals, resources or covered benefits, call the WellCare Domestic Violence Coordinator at **1-866-653-0980**. You may reach the Florida Domestic Violence Hotline at **1-800-500-1119**.

FLORIDA PHARMACY UPDATE

INFLUENZA SEASON IS UPON US

Influenza season is here and, as you know, the single most effective method to safeguard our members, particularly those who are high-risk, is largely through vaccination. Historically, the flu vaccine has been an underutilized benefit, with fewer than 50% of the recommended population actually receiving routine vaccinations based on the CDC's recommendations.

Approximately 73% of the population is included in one or more target groups identified by the CDC's guidelines, yet close to a third of this target population actually received a vaccination during the last season. Even more astonishing, less than a third of asthmatic children, who are already considered high-risk, actually received a flu shot sometime over their lifespan.

The insert entitled, "Who is at high risk for flu complications?" in this newsletter will help your patients identify themselves in these high-risk categories. Feel free to copy and post the insert so your patients may easily view it in office lobbies, hallways, waiting rooms, or anywhere you deem necessary.

WellCare Health Plans encourages all members to receive their flu immunization, and we appreciate our providers' support in preparing our members for the upcoming flu season!

QUALITY IMPROVEMENT
TRANSFORMING HEALTH CARE

The Harmony Behavioral Health Quality Improvement Program is designed to objectively and systematically monitor the quality and safety of behavioral health care and service provided to members. Annual goals and performance measures are identified through an evaluation of previous-activity outcomes, member demographics, member morbidity, service utilization, internal process reviews, accreditation/regulatory/contractual standards and monitoring of provider services.

Harmony Behavioral Health maintains full URAC accreditation for utilization management and is initiating processes and activities to achieve National Committee for Quality Assurance (NCQA) accreditation in 2009. A copy of the 2007 QI program description is available to providers by calling **1-877-712-5340, extension 4012**.

QI performance and monitoring measures for 2007 include activities to:

- Reduce recidivism
- Improve transitions in service for a seamless continuum of member care
- Increase compliance with seven- and 30-day follow-up after hospital discharge
- Improve frequency of follow-up appointments for members taking medications for ADHD and depression
- Improve patient safety
- Increase awareness of preventive health measures
- Ensure that cultural and linguistic needs of members are met
- Maintain federal, state and contractual standard compliance
- Increase member and provider satisfaction with service

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WHO is at high risk for flu complications?

INFLUENZA (flu) is a serious disease.
Get your flu shot if you are at risk!

Many people are in danger of being hospitalized or even dying:

- People who are 65 years old or older
- People with chronic (ongoing) or long-term health problems
- Women who will be pregnant during flu season (typically November through March)
- Children under 2 years old

Active senior
Philomena
age 72

Teen with diabetes
Rita
age 15

Heart disease patient
Roland
age 45

Expectant mother
Ellen
age 28

If you live with or take care of people at risk, you should get vaccinated too. When you protect yourself, you help protect your family and friends.

Toddler taking his first steps
Michael
age 11 months

For more information, ask your doctor or call the CDC Info Hotline:
800-232-4636
English and Spanish
Or visit **www.cdc.gov/flu**

CDC™

WellCare®

Adapted from CDC

¿Quién corre alto riesgo de sufrir complicaciones por la gripe?

La **INFLUENZA (gripe)** es una enfermedad grave. **¡Vacúnese contra la gripe si corre riesgo!**

Muchas personas corren peligro de ser internados o hasta de morir:

Las personas de 65 o más años de edad

Las personas con problemas de salud crónicos (constantes) o a largo plazo

Las mujeres que estarán embarazadas durante la época de la gripe (generalmente de noviembre a marzo)

Niños menores de 2 años de edad

Personas activas de la tercera edad
Philomena
Edad: 72 años

Adolescentes con diabetes
Rita
Edad: 15 años

Pacientes con problemas cardíacos
Roland
Edad: 45años

Madres embarazadas
Ellen
Edad: 28 años

Si vive o cuida a personas que corren riesgo, también debe vacunarse. Cuando se protege a sí mismo, ayuda a proteger a su familia y amigos.

Niño pequeño que está dando sus primeros pasos
Michael
Edad: 11 meses

Para recibir más información, consulte con su médico o llame a la línea directa de información de CDC:
800-232-4636
Inglés y español
O visite **www.cdc.gov/flu**

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