



ILLINOIS | SPRING 2009

PROVIDER

Newsletter

WEB REGISTRATION IS FAST AND EASY

To take advantage of WellCare and Harmony's Web sites, go to www.harmonyhpi.com for Medicaid and www.wellcare.com for Medicare and follow these simple steps:

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

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

MEDICARE

SEE THE VALUE OF ANNUAL EYE EXAMS

Please encourage your patients to get an annual eye examination.

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

Consult the **Quick Reference Guide** to refer members to the appropriate contracted vision vendor.

PROVIDER MATERIALS UPDATE

The following correspondence was sent to providers via the Web site's messages or by fax since our last newsletter. After logging on to our secure site, click on the *Provider* tab, and you will see *messages to providers* located in the right-hand column. Remember to check the messages regularly to receive new and updated information.

NEW ADDRESS FOR SOUTHERN ILLINOIS

Harmony Health Plan and WellCare's Southern Illinois office has moved. The new address is:
13 Wolf Creek Drive, Suite #4
Swansea, IL 62226

WEB RESOURCES

Harmony and WellCare's Preventive and Clinical Practice Guidelines, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) documents, pharmacy guidelines, claims/encounter companion guides and other helpful resources are available at www.harmonyhpi.com for Medicaid and www.wellcare.com for Medicare.

For additional information, please contact the Provider Hotline at 1-800-504-2766 for Medicaid and 1-866-334-6876 for Medicare.

COORDINATION OF CARE MAXIMIZES OUTCOMES

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

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

Patients with co-morbid medical and behavioral health conditions can be particularly vulnerable to complications that may result from inadequate

coordination of care between treating providers. All providers, medical and behavioral, are expected to initiate communication that facilitates and enhances continuity of care, relapse prevention, patient safety and satisfaction.

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

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

Source: National Archives and Records Administration

MEDICAID

WHAT DOES HARMONY LOOK FOR DURING A MEDICAL RECORD REVIEW?

Consistent and complete documentation in the medical record is an essential component of quality patient care. For all medical records, it must be legible and include the following:

- Identity of member to whom service was rendered
- Identity and title of provider rendering service
- Date on which the service was rendered
- Documentation of allergies
- List of medications
- Problem list with significant illnesses noted
- Past medical history
- List of smoking and chemical dependencies
- History and physical with subjective and objective information
- Laboratory and X-ray results with signature or initials of provider who ordered them to signify review
- Documentation of diagnosis with treatment plan
- Copy of referral request
- Note from consultant with signature or initials of provider who ordered them to signify review
- Record of outpatient and/or emergency care
- Inpatient discharge summary

- Notation of advance directive

For children ages newborn through 20, the medical record must include:

- Health and developmental history
- Physical exam
- Objective vision assessment
- Objective hearing assessment
- Documentation of immunizations
- Laboratory tests
- Health education

For adults, the medical record must include documentation of:

- Cholesterol screening (starting at age 35 for men and age 45 for women)
- Cervical cancer screening (starting at age 18 for women)
- Breast cancer screening (starting at age 40 for women)
- Colon cancer screening (starting at age 50 for both men and women)
- Tetanus immunization (every 10 years)

HEALTH CHECKUP TIPS

Harmony members are entitled to receive a comprehensive package of preventive health care. Here are some questions and answers to help you conduct, document and bill for exams within Healthy Kids, Illinois' Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Question: How often should a member receive a Healthy Kids exam?

Answer: All members younger than age 21 should receive screening examinations including appropriate childhood immunizations at intervals as specified by the EPSDT program.

Question: What must I do to perform a Healthy Kids exam?

Answer: A Healthy Kids exam has 10 components that must be provided:

- Comprehensive health history
- Nutritional assessment
- Height, weight and growth charting
- Comprehensive unclothed physical examination
- Immunizations
- Laboratory procedures, including lead toxicity testing
- Periodic, objective developmental screening using a recognized, standardized developmental screening tool, as approved by the state. Children younger than age 3 who are screened at-risk for a developmental delay shall be referred to the state's Early Intervention Program for further assessment
- Periodic, objective screening for social-emotional development using a recognized, standardized tool, as approved by the state. Social-emotional screening for infants shall include prenatal depression screening of the mother in the most appropriate clinical setting, i.e., at the pediatric, behavioral health or OB/GYN visit
- Objective vision and hearing screening
- Risk assessment and anticipatory guidance

Question: To ensure I get credit for doing a Healthy Kids exam, how should I document it in my patient's record?

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



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

- In your Harmony Provider Manual (Forms section)
- In Georgetown University's Bright Futures program at www.brightfutures.org/encounter/provider/index.html

Harmony recently completed a medical record review on Healthy Kids/well-child records and discovered a common theme.

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

For more information on Healthy Kids and well-child exams, please visit the Provider Resources posted on www.harmonyhpi.com.

Source: American Association of Pediatrics

GENERIC DRUG NEWS AND FORMULARY UPDATES

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

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

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

Additions

- Alocril® 2% Ophthalmic Solution
- Azasite® 1% Ophthalmic Solution
- Bicillin® C-R and L-A Syringes
- Boniva® Tablet, 3mg/3mL Solution for Injection (PA* - injection only)
- Crestor® Tablet
- GoLYTELY®
- HalfLytely®-Bisacodyl Bowel Prep Kit
- Pristiq® Extended-Release Tablet (with PA*)
- Stavzor™ Delayed-Release Capsule
- Voltaren® 1% Topical Gel

Removals

- Ketotifen Fumarate 0.025% Ophthalmic Solution

Note: We have also removed the Step Edit associated with Januvia® Tablets and Janumet® Tablets



*PA - Prior Authorization



REGULAR CERVICAL CANCER TESTING CAN SAVE LIVES

Harmony and WellCare invite our physicians to help us reinforce the importance of cervical cancer screening to our female members. Our Pap test recommendations are as follows:

- Females should receive an initial Pap test within three years of first sexual activity or at age 21—whichever comes first.
- Cervical cancer screenings should occur once every 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 twice in the first year, and if the tests are normal, 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 be screened regularly.

- 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.

Sources: National Cancer Institute; U.S. Department of Health and Human Services; American Cancer Society.

NEW GLUCOMETER AND TESTING SUPPLY VENDORS

As of Jan. 1, 2009, Harmony and WellCare's preferred glucometers and testing supplies have changed. Harmony and WellCare no longer cover Bayer-brand glucometers and the corresponding testing supplies, including Ascensia Breeze®, Breeze® 2, Contour®, Elite® and Elite® XL. The preferred glucometers and testing supplies now include the following:

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

MITIGATE RISKS OF ANTIPSYCHOTIC POLYPHARMACY

Concomitant use (polypharmacy) of antipsychotics is widely prevalent and is prescribed for long durations of time (about eight months).^{1,2} It is an increasing phenomenon among schizophrenia patients, indicating a significant discrepancy with treatment guidelines that do not advocate the use of any polypharmacy except for short-term periods when transitioning patients to new antipsychotics.^{1,2,4}

Currently, research is dominated by case reports and uncontrolled studies evaluating polypharmacy.¹

Particular weaknesses of the present research are:

- Low number of participants
- Lack of adequate control of confounding factors
- Short duration of experimental follow-up and inadequate monitoring of potential adverse effects¹

Further research, including randomized, double-blind placebo-controlled studies evaluating the effects of antipsychotic polypharmacy in schizophrenia patients, is needed to assist in defining the scope and potential of such use.

Polypharmacy is associated with increased risk of metabolic syndrome, increased body weight and Parkinsonism-like symptoms.¹ Long-term follow-up shows increased mortality in patients taking two or more antipsychotics.⁵

Furthermore, polypharmacy was not associated with superior clinical improvement or shorter hospitalization.³ At this time, polypharmacy with antipsychotics is not recommended for long durations.

Sources:

1) Ganguly R, Kotzan JA, Miller S et al. Prevalence, trends, and factors associated with antipsychotic polypharmacy among Medicaid-eligible schizophrenia patients, 1998–2000. *J Clin Psychiatry* 2004;65:1377–1388

2) Tranulis C, Skalli L, Lalonde P et al. Benefits and risks of antipsychotic polypharmacy: An evidence-based review of the literature. *Drug Safety* 2008;31(1):7–20.

3) Mckean A, Vella-Brinkat J. An Audit of Antipsychotic Polypharmacy. PowerPoint Presentation. Accessed from: http://www.nzhp.org.nz/psych_sig/MHpresentations08/antipsychotics%20polypharmacy.pdf

4) National Institute of Clinical Experience. Guidance on the newer (atypical) antipsychotic drugs for the treatment of schizophrenia. Health Technology Appraisal No. 43 available from www.nice.org.uk 2002.

5) Centorrino et al. Use of combinations of antipsychotics: McLean Hospital Inpatients, 2002. *Human Psychopharmacology* 2005;20(7):485–492.

MEDICAID

BREASTFEEDING: THE NATURAL CHOICE FOR HEALTH

SHOWS GREAT POTENTIAL TO ENHANCE MATERNAL AND CHILD HEALTH

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

Promotion and support of breastfeeding should begin in prenatal care and continue after delivery and during pediatric care. Unless medical contraindications exist, babies should be put

to their mother's breast within the first hour after birth.

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

FOR PROVIDERS:

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

FOR FAMILIES:

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

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

WHAT IS HEDIS®?

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

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

WHY HEDIS® IS IMPORTANT

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

VALUE OF HEDIS® TO YOU, OUR PROVIDERS

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

HEDIS® can also help you:

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

Source: www.ncqa.org

WHAT YOU CAN DO

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

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

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





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REFERRING INTERESTED PROVIDERS

If you know colleagues who are interested in joining the Harmony or WellCare networks, they may call 1-800-608-8158.

