

 PROVIDER  
Newsletter

## MEDICAID

KEEPING PREGNANT MEMBERS AND  
THEIR UNBORN BABIES HEALTHY

Harmony Health Plan of Missouri (the Plan) has an obligation to help our pregnant members and their unborn babies stay healthy. One of the ways the Plan will accomplish this is through the new **Maternity Education Program**, a component of the Plan's Quality Improvement program.

The Maternity Education Program's goals are:

- Engage expectant mothers in managing and maintaining and/or improving their current state of health;
- Improve compliance with timely scheduling and attendance of their prenatal care visits and postpartum care visit; and
- Decrease the likelihood of negative consequence associated with not achieving a healthy outcome.

As a part of this program, the Plan will provide expectant mothers on our Medicaid plans with the maternity educational booklet, "Mommy and Baby Matters: Taking Care of Yourself and Your Baby." This booklet provides basic prenatal and postpartum tips to enhance the expectant mother's awareness about the importance of taking good care of herself and her unborn baby during and after pregnancy.

- To view a copy of the maternity education booklet, please visit [www.harmonyhpm.com/provider/quality/](http://www.harmonyhpm.com/provider/quality/).

Partnering with us, we would like you to emphasize to each expectant mother the importance of taking care of herself during her pregnancy. More importantly, reinforce that she needs to schedule and keep her appointments so you can monitor not only her health but her baby's development.

## PROVIDER UPDATE

Since our last newsletter published, the following correspondence was sent to providers via fax, mail or was posted in the secure sections of the WellCare Web site or the Harmony Health Plan Web site:

- MO 2010 Issue IV Provider Newsletter
- Changes to Preferred Brands of Insulin

You can find copies of some of these correspondences when you log in to the secure area of [www.wellcare.com](http://www.wellcare.com) (Medicare) or [www.harmonyhpm.com](http://www.harmonyhpm.com) (Medicaid) (via the sign-in on the right that says "Member/Provider Secure Sign-In"). Click on the *Provider* tab and you will see *Messages from WellCare* located in the right-hand column. Remember to check the messages regularly to receive new and updated information.

# MIGRATING TO 5010 FOR ELECTRONIC TRANSACTIONS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that the health care industry use standard formats for electronic claims and related transactions. The current format, 4010A1, is in the process of being replaced by 5010, a new standard format.

All covered entities (health plans, health care clearinghouses and certain health care providers) will be required to use the 5010 standard when conducting electronic transactions. These include:

- Claims (professional, institutional and dental)
- Claims status requests and responses
- Payments to providers
- Eligibility requests and responses
- Referral requests and responses
- Enrollment and disenrollment in a health plan
- Coordination of benefits
- Premium payments

For the majority of the year 2010, the 5010 project focus was achieving Level I compliance. The Centers for Medicare and Medicaid Services (CMS) defines Level I compliance as follows: *a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.*

For the year 2011, focus is shifting to testing and becoming Level II compliant. CMS defines Level II compliance as follows: *a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.*

## TESTING SCHEDULE: WHO AND WHEN

A testing schedule was developed for providers who submit electronic transactions directly to, or receive electronic transactions directly from WellCare/Harmony. Testing began in January 2011 and will proceed through quarter two of 2011, depending on the provider and their transaction utilization.

For providers who submit electronic transactions through a third party vendor, please note that WellCare/Harmony is also testing with vendors during the same time frame. The specific types of vendor testing are listed below.

- 837I, 837P, 837D (Claims)—WellCare/Harmony will test with clearinghouses
- 276/277 (Claim Status)—WellCare/Harmony will test with clearinghouses and providers
- TA1, 999, 277CA (Response Files)—WellCare/Harmony will test with clearinghouses
- Outbound 834 (Eligibility)—WellCare/Harmony will test with providers
- 835 (Payments)—WellCare/Harmony will test with payment vendor and providers
- NCPDP D.0 (Pharmacy)—WellCare/Harmony will test with pharmacy claims vendors
- Encounters—WellCare/Harmony will test with vendors and providers

## KEEP COMMUNICATION LINES OPEN

- Notify WellCare/Harmony regarding any software and/or vendors that are not 5010 test-ready for external partners through our EDI department: **EDI-Master@WellCare.com**.
- Designate a primary contact (i.e., office manager, billing manager) who is familiar with 5010 and its implications for your office. A single point of contact will ensure communications to and from WellCare/Harmony are received timely.

## RESOURCES

- CMS checklist for a smooth 5010 transition: [www.cms.gov/Versions5010andD0/40\\_Educational\\_Resources.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage).
- CMS presentations from the National Provider calls: [www.cms.gov/Versions5010andD0/V50/list.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/V50/list.asp#TopOfPage).

For inquiries related to your electronic claim submissions to WellCare/Harmony and related transactions, please contact our EDI team via e-mail at **EDI-Master@WellCare.com**.

# BALANCE BILLING OF “ZERO COST-SHARE” DUAL-ELIGIBLES IS PROHIBITED

There are two classes of zero cost-share beneficiaries: Qualified Medicare Beneficiaries without Medicaid benefits (QMB) and QMB with full Medicaid benefits (QMB+). Individuals who are categorized as QMB or QMB+ have a zero-cost liability and should never receive a bill. In fact, CMS can impose sanctions for the practice.

If you are a provider who serves the QMB and/or QMB+ population, it is highly recommended that you participate in your state’s Medicaid program and gain access to any billing system the state uses. This will allow you to easily balance bill the state for your fees.<sup>1</sup>

WellCare’s Access plan is composed entirely of QMB and/or QMB+ individuals who are not responsible for co-payments, coinsurance and/or deductibles and should never be directly billed. While the EOP you receive from WellCare may indicate that the member has a payment responsibility, this is only intended as a means for you to submit documentation to the state’s Medicaid agency and should not be taken as an instruction to bill the member.

For more information, please contact your local Provider Relations representative.

*<sup>1</sup>In states that have capitation agreements with WellCare, the plan will process the Medicaid payment responsibility on behalf of the state.*

## CLAIMS CORNER

### CODING FOR WELL AND SICK VISITS

The American Medical Association (AMA) CPT coding manual defines preventive medicine services as *age and gender appropriate history and exam with anticipatory guidance and counseling*. Included in preventive care services are:

- History and exam appropriate for age and gender
- Anticipatory guidance and risk factor reduction
- Ordering of appropriate immunizations, lab/diagnostic procedures
- Treatment and management of insignificant problems

The AMA CPT coding guidelines allow a provider to bill for both a preventive medicine code and a medically necessary evaluation & management (E/M) code when there is “significant” extra work required in the diagnosis or treatment of a problem during a routine (annual) examination. **Correct coding guidelines require the addition of modifier -25 to the medically necessary E/M service (99201–99215).**

**A provider should bill ONLY the PREVENTIVE MEDICINE code when:**

- The patient’s status/history shows the patient in good health
- The patient has a minor “stable” problem
- The history of present illness (HPI) is “Doing well, no complaints”
- When the assessment & plan (A/P) addresses only preventive medicine issues

**A provider should bill BOTH the PREVENTIVE MEDICINE code and the MEDICALLY NECESSARY E/M service when:**

- Patient has chronic medical problems, one or two in poor control
- Patient with three serious chronic problems, all in good control, if they are addressed
- HPI documents poor control of chronic disease or status of stable diseases
- Exam shows unexpected, abnormal findings
- Acute problem treated
- A/P shows treatment of diseases

## ASSESS POTENTIAL HEALTH CONCERNS FOR YOUR OLDER PATIENTS

WellCare encourages you to dedicate a few minutes during a patient visit to discuss the following health concerns with your older patients:

### FALL RISK MANAGEMENT

- **Ask your patients if they have fallen or almost fell, but were caught by someone or managed to grab hold of something just in time.**

Fall prevention is one of the biggest safety concerns for older patients, especially those that live alone. Slip and fall accidents are one of the leading causes for seniors having to go to the hospital. An important aspect of patient education and injury prevention is to alert your patients of ways to prevent falling, including wearing sensible shoes and using an assisted device—which is especially important for seniors—because their balance may be impaired, leading to increased falls.

### ASSESS PHYSICAL ACTIVITY—KEEP YOUR PATIENTS MOVING

- **Talk to your patients about their physical activity. For example, do they exercise regularly or take part in physical exercise?**

You may want to advise them to start, increase or maintain their level of exercise or physical activity to maintain and/or improve their health. Physical activity can improve strength, balance, coordination and flexibility, and can go a long way toward fall prevention.

### URINARY INCONTINENCE (UI)

- **In addressing a topic as sensitive as this, it is important to put the patient at ease so they will feel comfortable discussing such a private issue with you.**

Loss of bladder control is common among older patients. Urinary incontinence may be underreported because patients do not believe that anything can be done about it. Underlying health problems may contribute to incontinence, such as menopause for women and enlarged prostate for men.

If the patient is experiencing symptoms of urinary incontinence, discuss treatment options that may include bladder training, physical therapy or, sometimes, just a simple change in toileting habits may bring relief.

### CHECK FOR OSTEOPOROSIS

- **Assess your patients' bone health. Because osteoporosis can be asymptomatic for a prolonged period of time, do bone mineral density (BMD) testing if applicable.**

With age, bones tend to shrink in size and density, which weakens them and makes them more susceptible to fracture. The U.S. Preventive Services Task Force (USPSTF) recommends BMD testing on all women age 65 and older, all men age 70 and older, and other patients based on their clinical profile.

You may want to give them tips on what they can do to prevent bone loss or the progression of osteoporotic bones. For example, tell them to include plenty of calcium and vitamin D in their diets, and to consider strength training to increase bone density and reduce the risks of osteoporosis. Medication management is a treatment option to slow bone loss and maintain bone mass, when applicable.

Always remind your patients that it's never too late to adopt a healthy lifestyle. As their physician, you can not stop the aging process, but your patients can minimize the impact by making healthy lifestyle choices with your guidance.



## MEDICAL INJECTABLES

WellCare Health Plans, Inc. (WellCare) continuously strives to reduce barriers to care and therapies. In reviewing our medical injectable (J-code) prior authorization requirements, WellCare identified an opportunity to consolidate and align the list of required codes. To that end, we combined our medical and pharmacy injectable prior authorization code lists into one consistent list, and aligned that list with current industry practice. The modified list of medical injectables that require prior authorization was effective **December 7, 2010**.

Please note that some drugs continue to require prior authorization. Traditionally, J-code medications that were administered in the office setting required prior authorization. Under this new program, the list of drugs is reduced, but for those drugs still requiring prior authorization, the authorization is needed in all outpatient treatment settings, with the exception of emergent and urgent care. This allows WellCare greater review for medical necessity and fraud and abuse prevention.

### WHAT DOES THIS MEAN TO YOU?

By removing the prior authorization requirement on a number of medical injectables, this enables you to treat your patients who are WellCare members without obtaining a prior authorization or completing a drug evaluation review (DER) for certain drug products.

All other drug products, and home infusion therapy, still require a DER. You are responsible for adhering to utilization management principles such as prior authorization. The Plan's Utilization Management (UM) program is designed to meet contractual requirements and comply with federal and/or state regulations while providing members access to high-quality, cost-effective, medically necessary care and ensuring prompt and accurate payment to our providers.

### RESOURCES

To determine if a prior authorization is required, a **No Authorization Required Medical Injectable List** may be accessed at [www.wellcare.com/provider/pharmacyservices](http://www.wellcare.com/provider/pharmacyservices). If you have any questions, please contact Provider Services at 1-866-687-8994.

## WHAT IS HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) consists of a set of performance measures utilized by more than 90 percent of American health plans. This information is used to 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 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 at-risk members to ensure they receive preventive screenings
- Understand how you compare with other WellCare/Harmony providers as well as with the national average

### VALUE OF HEDIS TO PATIENTS

HEDIS works to ensure that members will receive preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

### WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams.
- Remind your patients to follow up with ordered tests.
- Conduct outreach calls to members who do not get their annual screenings.

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

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

*Source: [www.ncqa.org](http://www.ncqa.org)*

# CULTURAL COMPETENCY SURVEY

## PROMOTING CULTURAL AND LINGUISTIC COMPETENCY

### PURPOSE

- To increase individual awareness of practices, beliefs, attitudes and values that promotes and hinders cultural and linguistic competence in the delivery of health care.
- To identify training needs.

Each item is rated on a three-point scale.

### SELF-ASSESSMENT CHECKLIST FOR PERSONNEL PROVIDING PRIMARY HEALTH CARE SERVICES

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural and linguistic cultural competence in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values and practices, which foster cultural and linguistic competence at the individual or practitioner level.

**DIRECTIONS:** Select A, B or C for each item listed below.

A = Things I do frequently      B = Things I do occasionally      C = Things I do rarely or never

### PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

- \_\_\_ 1. I display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served by my program or agency.
- \_\_\_ 2. I ensure that magazines, brochures and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.
- \_\_\_ 3. When using videos, films or other media resources for health education, treatment or other interventions, I ensure that they reflect the cultures and ethnic background of individuals and families served by my program or agency.
- \_\_\_ 4. I ensure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

### COMMUNICATION STYLES

- \_\_\_ 5. When interacting with individuals and families who have limited English proficiency, I always keep in mind that: limitation in English proficiency is in no way a reflection of their level of intellectual functioning; their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin; and they may or may not be literate in their language of origin or English.
- \_\_\_ 6. I use bilingual/bi-cultural staff and/or personnel and volunteers skilled or certified in the provision of medical interpretation during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.
- \_\_\_ 7. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.
- \_\_\_ 8. I attempt to determine any familial colloquialisms used by individuals or families that may impact on assessment, treatment or other interventions.
- \_\_\_ 9. When possible, I ensure that all notices and communiqués to individuals and families are written in their language of origin.
- \_\_\_ 10. I understand that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method.

### VALUES & ATTITUDES

- \_\_\_ 11. I avoid imposing values which may conflict or be inconsistent with those of cultures or ethnic groups other than my own.
- \_\_\_ 12. I screen books, movies and other media resources for negative cultural, ethnic or racial stereotypes before sharing them with individuals and families served by my program or agency.

- \_\_\_ 13. I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors which show cultural insensitivity, racial biases and prejudice.
- \_\_\_ 14. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.
- \_\_\_ 15. I understand and accept that family is defined differently by different cultures (e.g., extended family members, fictive kin, godparents).
- \_\_\_ 16. I accept and respect that male-female roles may vary significantly among different cultures and ethnic groups (e.g., who makes major decisions for the family).
- \_\_\_ 17. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g., high value placed on the decision of elders, the role of eldest male or female in families, or roles and expectations of children within the family).
- \_\_\_ 18. Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.
- \_\_\_ 19. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.
- \_\_\_ 20. I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease and death.
- \_\_\_ 21. I understand that the perception of health, wellness and preventive health services have different meanings to different cultural or ethnic groups.
- \_\_\_ 22. I recognize and accept that folk and religious beliefs may influence an individual's or family's reaction and approach to a child born with a disability, or later diagnosed with a disability, genetic disorder or special health care needs.
- \_\_\_ 23. I understand that grief and bereavement are influenced by culture.
- \_\_\_ 24. I seek information from individuals, families or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by my program or agency.
- \_\_\_ 25. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to the culturally and ethnically diverse groups served by my program or agency.
- \_\_\_ 26. I keep abreast of the major health concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by my program or agency.
- \_\_\_ 27. I am aware of the socio-economic and environmental risk factors that contribute to the major health problems of culturally, ethnically and racially diverse populations served by my program or agency.
- \_\_\_ 28. I am well versed in the most current and proven practices, treatments and interventions for major health problems among ethnically and racially diverse groups within the geographic locale served by my agency or program.
- \_\_\_ 29. I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, ethnically, racially and linguistically diverse groups.
- \_\_\_ 30. I advocate for the review of my program or agency mission statement, goals, policies and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence.

There is no answer key with correct responses. However, if you frequently responded "C," you may not necessarily demonstrate beliefs, attitudes, values and practices that promote cultural and linguistic competence within health care delivery programs.

For more information, please contact:

National Center for Cultural Competence

3300 Whitehaven Street, NW, Suite 300,

Washington, DC 20057

Voice: 1-202-687-5387

Fax: 1-202-687-8899

E-mail: [cultural@georgetown.edu](mailto:cultural@georgetown.edu)



## PROMOTE COLORECTAL CANCER SCREENINGS

### RESEARCH FROM AMERICAN CANCER SOCIETY

#### HOW PHYSICIANS CAN IMPROVE SCREENING RATES

##### Your Recommendation

- Regular recommendations by patients' physicians are the single most important factor in patient decisions whether to be screened for colorectal cancer.

##### An Office Policy

- Research shows that creating an office policy that encourages all associates to promote screening is the foundation of a systematic approach to colorectal cancer screening. Ensure clinical practices are built on clear policies, well-designed systems, effective communication and quality reviews.

##### An Office Reminder System

- Creating and implementing an office reminder system for your patients may help people with busy schedules and competing priorities to remember their screening appointments.

##### Effective Communication

- Effective communication is a cornerstone of an excellent practice. A physician's communication skills are related to patient satisfaction, which could influence willingness to be screened.

#### RESOURCES FOR CLINICIANS

The "Primary Care Clinician's Evidence-Based Toolbox and Guide," which provides suggestions for more efficient screening practices, was created by clinicians for clinicians and may help improve colorectal cancer screening rates in actual practice.

This guide includes:

- A checklist for increased screenings, office policies, reminder systems and communication aids
- Sample office screening policies
- Template phone scripts for patient follow-up
- Sample reminder letters to patients at average and increased risk
- A sample tracking sheet for preventive care examinations
- Descriptions of electronic reminder systems for patients and physicians

The guide is available online at the Web sites of the National Colorectal Cancer Roundtable ([www.nccrt.org](http://www.nccrt.org)) and the American Cancer Society ([www.cancer.org/colonmd](http://www.cancer.org/colonmd)).

If implemented, the best practices contained in this guide may help improve colorectal cancer screening rates among your patients.

##### Sources:

*American Cancer Society, Inc. No. 080152, 2009. Available at [www.cancer.org](http://www.cancer.org).*

*National Colorectal Cancer Roundtable. Web site: [www.nccrt.org](http://www.nccrt.org).*

*Thomas Jefferson University. Web site: [www.jefferson.edu](http://www.jefferson.edu).*

## MEASURE BONE LOSS

In agreement with the U.S. Preventive Services Task Force (USPSTF) recommendations for postmenopausal women, The National Osteoporosis Foundation (NOF) recommends bone density imaging on:

- All women age 65 and older
- All men age 70 and older
- Younger postmenopausal women and men ages 50 to 69 about whom you may have concern based on their clinical risk factor profile
- Women in the menopausal transition if there is a specific risk factor associated with increased fracture risk, such as low body weight, prior low-trauma fracture or high-risk medication
- Adults who have had a fracture after age 50
- Adults with a condition (e.g., rheumatoid arthritis) or taking a medication (e.g., glucocorticoids in a daily dose more than or equal to 5mg prednisone or equivalent for more than or equal to three months) associated with low bone mass or bone loss
- Anyone being considered for pharmacologic therapy for osteoporosis
- Anyone being treated for osteoporosis, to monitor treatment effect
- Anyone not receiving therapy in whom evidence of bone loss would lead to treatment

People with osteoporosis are frequently asymptomatic—sometimes for a prolonged period of time—until they suffer a fracture, which can lead to even more complications. Not uncommonly, the fracture occurs following minimal trauma. Although a fracture may be followed by a full recovery, chronic morbidity, disability and even death are all too common. Osteoporotic fractures may lead to psychological symptoms, most notably depression and loss of self-esteem, as patients grapple with pain, physical limitations and the need for lifestyle changes.

Osteoporosis-related fractures create both a personal and communal economic burden, necessitating more than 432,000 hospital admissions, almost 2.5 million medical office visits, and about 180,000 nursing home admissions annually in the United States. Interventions that focus on early detection (radiologist-supervised bone density imaging) and treatment of osteoporosis, and prevention of falls, should be a routine focus of primary care office visits for at-risk patients.

*Source: National Osteoporosis Foundation Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2010. [http://www.nof.org/sites/default/files/pdfs/NOF\\_ClinicianGuide2009\\_v7.pdf](http://www.nof.org/sites/default/files/pdfs/NOF_ClinicianGuide2009_v7.pdf).*

## CARE FOLLOWING A HOSPITAL STAY FOR BEHAVIORAL HEALTH

For each patient, follow-up care is important to recovery. It helps prevent stress and emergencies. It decreases the need for more hospital visits. It increases success in both the personal and professional aspects of life.

Following a patient's behavioral health hospital stay, you should discuss the following with him/her:

- Advise the patient to visit a mental health provider within seven days of hospital discharge.
- Tell the patient to keep all future medical appointments. They are important to recovery.
- Ask your patient about his/her treatment. Discuss how he/she is feeling.
- Discuss any medications he/she is prescribed by a mental health provider. Discuss any side effects he/she may be experiencing from the medication(s).
- Discuss how the patient can get help, especially after normal office hours.
- Confirm your patient understands his/her treatment plan or medicines.

Together, you can help your patient to continue to live at home and/or work while being in treatment.



## KEEP AN EYE ON GLAUCOMA

WellCare and Harmony's provider partners can help to prevent or delay the problems caused by glaucoma. Glaucoma can lead to vision problems and may even cause blindness. The condition is more common in people older than 45 than it is earlier in life.

Early treatment—with medicine, surgery or both—can prevent or delay the serious vision problems caused by glaucoma.

People are more likely to get glaucoma and your patients should be tested for glaucoma if:

- They are severely near-sighted.
- They have diabetes mellitus.
- They have a family history of glaucoma.
- They are older than 65, or older than 40 and African-American.

Source: [www.ahrq.gov/ppip/50plus/checkups.htm](http://www.ahrq.gov/ppip/50plus/checkups.htm)



## BREAKING DOWN WALLS

### EFFECTIVE COMMUNICATION WITH PATIENTS

It can be very stressful when patients do not understand what their doctors are telling them about their condition. Good communication can help alleviate fear or anxiety they might experience.

Here are some things providers can do to communicate more effectively with their patients:

- Keep the patient's culture in mind; it may differ from yours. The way you communicate both verbally and nonverbally may mean something different to them.
- Assess what the patient already knows by asking questions; encourage patients to keep you informed.
- Assess what the patient wants to know.
- Be empathetic.
- Take the time to explain all treatment options and ensure the patient understands the benefits and risks of each option.
- Keep it simple; explain medical information in easily understood language.
- Be sure to answer all of the patient's questions.

## Q1 2011 FORMULARY UPDATE

### GENERIC NEWS

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
ASTELIN Nasal Spray <sup>†</sup>	Azelastine HCl 137mcg Spray	Antihistamine
Exelon <sup>®</sup> 1.5mg, 3mg, 4.5mg and 6mg Capsules	Rivastigmine 1.5mg, 3mg, 4.5mg and 6mg Capsules	Cholinesterase Inhibitor
Zegerid <sup>®</sup> 20mg Capsule <sup>†</sup>	Omeprazole/Sodium Bicarbonate 20mg Capsule	Proton Pump Inhibitor
Zegerid <sup>®</sup> 40mg Capsule	Omeprazole/Sodium Bicarbonate 40mg Capsule	Proton Pump Inhibitor

<sup>†</sup>Not covered on the 2011 Medicare formulary

The following additions have been made to the WellCare Medicare Formulary:

ADDITIONS	
Afinitor <sup>®</sup> 2.5mg Tablet (PA)	HalfLytely <sup>®</sup> & Bisacodyl Tablets Bowel Prep Kit
Amikacin Sulfate 100mg/2mL, 500mg/2mL and 1,000mg/4mL Vials	Methylphenidate 5mg/5mL and 10mg/5mL Oral Solutions
Ceftazidime 500mg Vial	Suboxone <sup>®</sup> 2mg–0.5mg and 8mg–2mg SL Films (PA)
Epinephrine 0.15mg and 0.3mg Auto-Injectors	Tasigna <sup>®</sup> 150mg Capsule (PA)
Gianvi <sup>™</sup> 3mg–0.02mg Tablet	

PA = Prior Authorization

Please visit [www.wellcare.com](http://www.wellcare.com) to view the current formulary and pharmacy updates.





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## DENTAL VISITS

Good dental health, including annual dental visits, is important to overall health. Providers should inform all patients of the benefits to receiving regular dental checkups. Please encourage all patients to call their dentist today to schedule an annual dental visit.

