

PROVIDER

Newsletter

MEDICAID

NEW YORK CHAPTER 237 OF THE LAWS OF 2009 IMPLEMENTATION

On Jan. 1, 2010, new health care reforms intended to help consumers went into effect. This new law (Chapter 237 of 2009) modifies New York's Managed Care Reform Act (NYMCRA). The NYMCRA institutes standards for all managed-care plans, standardizes grievance and appeals procedures and establishes requirements for providing detailed descriptions of a managed-care plan's benefits and coverage.

Some of the protections that will benefit providers include:

- Prohibiting insurers from treating an in-network provider as out-of-network when the referring provider was out-of-network;
- Reducing the prompt-pay time frame from 45 to 30 days for electronically submitted claims so doctors and hospitals are paid faster;
- Reducing the time insurers have to review requests for post-hospital home health care;
- Extending providers a right to request an external appeal of a concurrent denial;
- Extending protections to doctors and hospitals when insurers seek to recover alleged overpayments. The protections include basic notice and an opportunity to challenge the insurers' overpayment recovery efforts.
- Limiting health insurers' and HMOs' abilities to deny or delay payment of claims by sending a coordination of benefits questionnaire;
- Permitting participating health care providers to request reconsideration of a claim that is denied as untimely, and limiting penalties for untimely claims;
- Requiring insurers and HMOs to give participating providers notice of adverse reimbursement changes to provider contracts, giving providers an opportunity to cancel the contract;
- Permitting newly licensed providers, as well as existing providers moving to New York, to be provisionally credentialed until the final determinations are made; and
- Establishing a new external appeal standard for rare disease treatments.

More details will be included in WellCare of New York's Medicaid Provider Manual.

PROVIDER UPDATE

Since our last published newsletter, the following correspondence was sent to providers via fax or was posted on the secure section of the WellCare Web site:

- New York's Winter 2009 Provider Newsletter
- Changes to the Preferred Brands of Insulin—Medicare
- Changes to the Medication Benefit Process—Medicare

You can find copies of these materials when you log in to the secure area of www.wellcare.com. Use the white box on the right labeled "Member/Provider Secure Sign-In," then click on the *Provider* tab. You will see *Messages from WellCare* located in the right-hand column. Remember to check the messages regularly to receive new and updated information.

GUIDELINES FOR HEALTH CARE PROVIDERS ON PREVENTION AND IDENTIFICATION OF LEAD POISONING

New York State law requires prenatal care providers to assess every pregnant woman for the risk of lead exposure at the initial prenatal visit and to determine the blood lead level (BLL) of those found to be at risk. The following recommendations have been developed by the NYC Department of Health and Mental Hygiene (DOHMH) to offer providers guidance on the prevention, identification and medical management of lead poisoning in pregnant women.



Educate all pregnant women about how to prevent lead poisoning during pregnancy. As required by New York State law (10 NYCRR Subpart §67-1.5), provide anticipatory guidance on lead poisoning prevention to every pregnant woman, regardless of the results of the risk assessment.

ANTICIPATORY GUIDANCE AND RISK REDUCTION EDUCATION FOR PREGNANT WOMEN

- Avoid using health remedies, spices, foods or cosmetics from other countries.
- Avoid using clay pots and dishes from other countries to cook, serve or store food, and do not use pottery that is chipped or cracked.
- Never eat non-food items such as clay, soil, pottery or paint chips.
- Stay away from any repair work being done in your home.
- Avoid jobs or hobbies that may involve contact with lead, such as home renovation or working with glass, ceramics or jewelry.

Assess all pregnant women for lead exposure at the initial prenatal visit and test those at risk, as required by New York State law.

Ask questions to assess the risk of lead exposure. If a pregnant woman answers “yes” to any of these questions, she should have a blood lead test. Some prenatal practices predominantly serve pregnant women at risk for lead exposure. These practices may elect to routinely test all pregnant women at their first prenatal visit.

RECOMMENDED LEAD RISK ASSESSMENT QUESTIONS FOR PREGNANT WOMEN

Question 1: Were you born, or have you spent any time, outside of the United States?

In NYC, approximately 95 percent of identified lead-poisoned pregnant women are foreign-born. Countries of birth in descending order of frequency include Mexico, India, Bangladesh, Russia, Pakistan, Ecuador, Haiti, Jamaica, Morocco, Dominican Republic, Guatemala, Guyana, El Salvador, Gambia, Ghana, Honduras, Israel, Ivory Coast, Korea, Nepal, Sierra Leone and Trinidad.

Question 2: During the past 12 months, did you use any imported health remedies, spices, foods, ceramics or cosmetics?

Question 3: At any time during your pregnancy, did you eat, chew on or mouth non-food items such as clay, crushed pottery, soil or paint chips?

Question 4: In the last 12 months, has there been any renovation or repair work in your home or apartment building?

Question 5: Have you ever had a job or hobby that involved possible lead exposure, such as home renovation or working with glass, ceramics or jewelry?

Report blood lead levels greater than or equal to 10 µg/dL to DOHMH within 24 hours. The DOHMH must be notified of all blood lead test results greater than or equal to 10 µg/dL within 24 hours by both health care providers and laboratories, as required by NYC Health Code (24 RCNY §11.03, 11.05 and 11.06), so that services can be provided promptly.

GUIDELINES FOR HEALTH CARE PROVIDERS ON MEDICAL MANAGEMENT OF PREGNANT WOMEN WITH BLOOD LEAD LEVELS GREATER THAN OR EQUAL TO 5 MG/DL

- Provide additional intrapartum care—develop a management plan based on BLLs and follow up appropriately.
- Provide additional postpartum care.
 - Obtain a maternal or umbilical cord BLL at delivery and another maternal BLL one month after delivery.
 - For information about the possible risks and benefits of breastfeeding to the newborn, consult a lead poisoning specialist.
- Coordinate newborn care with the pediatric health care provider. The NYC DOHMH recommends that the BLLs of lead-exposed newborns be monitored for the first 6 months of life as detailed below.

RECOMMENDED BLOOD TEST SCHEDULE FOR LEAD-EXPOSED NEWBORNS (AGES 0–6 MONTHS)

Maternal/Umbilical Cord BLL At Delivery (µg/dL)	Initial Venous Test	Follow-up Venous Test
0–5	None	Based on postpartum risk exposure*
5–14	Within 1 month	Every 3 months
15–24	Within 1 month	Every 1–3 months
25–44	Within 2 weeks	Every 2 weeks–1 month
≥45	As soon as possible	Depends on clinical management†

*See Childhood Lead Poisoning. City Health Information. 2005; 24(9): 59–64
 †Collaborate with DOHMH and an experienced lead poisoning specialist.

RESOURCES FOR HEALTH CARE PROVIDERS

- Fax reports of elevated BLL results to 1-212-676-6188 and call 1-212-676-6379.
- Obtain lead poisoning information at the DOHMH Web site at www.nyc.gov/lead or call 311 and ask for the BAN-LEAD information line.
- View the peer review panel report *Guidelines for the Identification and Management of Pregnant Women with Elevated Lead Levels in New York City* at the DOHMH Web site.
- Call 1-212-676-6100 to request a telephone consultation with a DOHMH physician about a lead-poisoned pregnant woman.

Source: New York City Department of Health and Mental Hygiene. Lead Poisoning Prevention Program. Available at www.nyc.gov/html/doh/html/lead/lead.shtml.

ADOLESCENT DEPRESSION

DEPRESSION SCREENING

Guidance on adolescent depression screening and management is provided by the Guidelines for Adolescent Depression in Primary Care (GLAD PC). The NYC DOHMH supports these guidelines and encourages providers to follow them.

WellCare recommends the PHQ-9 (modified) as a depression screening tool for adolescents.

HELPFUL RESOURCES

- Guidelines for adolescent depression in primary care toolkit:
www.glad-pc.org/documents/GLAD-PCToolkit.pdf
- Guidelines for adolescent depression in primary care (GLAD-PC): I. Identification, assessment, and initial management. Cheung et al 2007.
<http://pediatrics.aappublications.org/cgi/content/abstract/120/5/e1299>
- Guidelines for adolescent depression in primary care (GLAD-PC): II. Treatment and ongoing management. Zuckerbrot et al 2007.
<http://pediatrics.aappublications.org/cgi/content/full/120/5/e1313>

EDUCATIONAL MATERIALS FOR ADOLESCENTS AND PARENTS

- <http://kidshealth.org>
KidsHealth is one of the largest sites on the Internet providing doctor-approved health information about children and adolescents. It includes separate sections for parents, kids and teens, with information appropriate to each audience, in English and Spanish.
- <http://familydoctor.org/online/famdocen/home.html>
This American Academy of Family Physicians' Web site contains information for parents, children and teens, in English and Spanish.
- www.family.samhsa.gov/default.aspx
A Family Guide to Keeping Youth Mentally Healthy and Drug Free is a public education Web Site developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) for parents and other caregivers.
- www.mentalhealthamerica.net
The Mental Health America Web site (formerly known as the National Mental Health Association) offers general mental health information for consumers.
- www.aboutourkids.org
The New York University Child Study Center maintains this Web Site that includes information for families.
- www.healthfinder.gov/
Healthfinder.gov is a federal Web site for consumers, from the U.S. Department of Health and Human Services. It provides links to selected information from many different health-related organizations.
- www.myspace.com/nycteen_mindspace
The NYC Department of Health and Mental Hygiene provides a Web-based social networking campaign to promote mental health among NYC teens. Teens can watch video blogs and engage with interactive modules.

The NYC Department of Health and Mental Hygiene provides publications and guides for primary care providers and mental health providers on adolescent health. To access their publications, please visit www.nyc.gov/html/doh/html/home/home.shtml and click on Health Bulletins and Other Publications from the menu on the left.

Source: nyc.gov/health

CHOLESTEROL MANAGEMENT

Cardiovascular disease is a leading cause of preventable illness and death in New York City, causing more than 25,000 deaths and more than 130,000 hospitalizations each year. Elevated low-density lipoprotein (LDL) cholesterol is a major—but modifiable—risk factor for cardiovascular disease.

Inadequate lipid control contributes to poor overall cardiovascular health. People with diabetes are at further risk and are two to six times more likely to die from a cardiovascular event than those without diabetes.

It is crucial for health care providers to identify patients at increased risk of cardiovascular events and properly manage their lipid levels.

To help patients control cholesterol, and to prevent heart attack and stroke, the New York City Department of Health and Mental Hygiene encourages providers to:

- Counsel all patients on lifestyle modification, the cornerstone of cardiovascular disease prevention.
- Treat all patients with coronary or other atherosclerotic disease or diabetes to reach an LDL goal of less than 100 mg/dL. Consider an LDL goal of less than 70 mg/dL for extremely high-risk patients.
- Prescribe statins for most patients at increased risk to lower LDL and reduce cardiovascular events and mortality by at least 30 percent.

We appreciate your actions to help patients fight against cardiovascular diseases.

Source: 2006. The City of New York Department of Health and Mental Hygiene. Available at: [nyc.gov/health](http://www.nyc.gov/health).

MAMMOGRAMS AND BREAST CANCER PREVENTION

ONE OUT OF FOUR NYC WOMEN 40 AND OLDER DOES NOT GET REGULAR MAMMOGRAMS.

Breast cancer kills about 1,260 women in New York City every year. However, research shows that 23 percent of NYC women ages 40 and older have not had a recent mammogram.

The NYC Department of Health and Mental Hygiene recommends that women ages 40 and older get a mammogram every one to two years. Women with a family history of breast cancer should seek medical advice about whether to begin screening before 40 years of age and the frequency of their screenings. Screening mammography is an important way to identify potential cancers at an earlier stage and has been shown to reduce deaths from breast cancer.

Source: NYC Department of Health and Mental Hygiene. Available at: <http://www.nyc.gov/html/doh/html/cancer/cancerbreast.shtml>



DENTAL VISITS ARE IMPORTANT TO PATIENTS' OVERALL HEALTH

Good dental health, including annual dental visits, is important to patients' overall health. Providers should inform all patients ages 2 and older (including those who are pregnant) of the benefits of receiving regular dental checkups.

WellCare Medicaid members and Managed Long Term Care members can receive dental services at any participating Medicaid dentist.

Dental benefits for Family Health Plus, Child Health Plus, Managed Long Term Care and Medicare members are administered through Healthplex. Healthplex promotes a strong primary care relationship between patients and their dentists. If your patients are not sure of their assigned primary care dentist, advise them to call Healthplex Customer Service at **1-800-468-9868**. Please encourage your patients to call their dentist today to schedule an annual dental visit.

CERVICAL CANCER SCREENINGS

ROUTINE PAP SMEARS ARE STRONGLY RECOMMENDED

Screening Guidelines:

- To prevent cervical cancer, all women ages 18 to 65 who are sexually active and have not had a hysterectomy should get a Pap smear every one to three years, depending on their risk factors and past test results.
- Screening is no longer recommended for women older than 65 with recent normal Pap smear results and no major risk factors for cervical cancer.

Source: NYC Department of Health and Mental Hygiene. Available at www.nyc.gov/html/doh/html/tcny/tcny07-cervical.shtml#info

CHILD HEALTH PLUS (CHP): REDETERMINATION (APPEAL) FOR A MEDICATION BENEFIT PROCESS HAS CHANGED

EFFECTIVE JAN. 1, 2010

WellCare of New York, Inc. (WellCare) would like to inform you of a change in how Child Health Plus (CHP) redeterminations (appeals) are now processed. This change in process began Jan. 1, 2010.

In order to facilitate redetermination requests and to offer better service to our providers and members, WellCare made the decision to have medical benefit claim redeterminations and medication benefit redeterminations processed separately.

If you would like to request a redetermination (appeal) for a medication benefit, please utilize the following contact information:

Mail or fax the Medication Appeal Request form to:

WellCare Health Plans, Inc.
Attn: Pharmacy Appeals
P.O. Box 31398
Tampa, FL 33631-3398
Fax: 1-888-865-6531

The CHP Medication Appeal Request form is available on www.wellcare.com on the New York Medicaid Provider Manual Forms page.

Redetermination (appeal) requests for CHP **medical benefits** and **claims** will be handled in the same manner as in the past. These requests can be mailed to the appropriate department address or faxed to the appropriate fax number below:

Medical Benefits Appeals

WellCare Health Plans, Inc.
Attn: Appeals Dept.
P.O. Box 31368
Tampa, FL 33631-3368
Fax: 1-866-201-0657

Claims Appeals

WellCare Health Plans, Inc.
Attn: Claim Appeals
P.O. Box 31372
Tampa, FL 33631-3372
Fax: 1-813-262-2802

Please call Customer Service at **1-800-288-5441** if you have any questions about these processes.

PROVIDER FORMULARY UPDATE

GENERIC NEWS

The generic drugs listed below are now available:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Acular® 0.5% ophthalmic drops	Ketorolac Tromethamine 0.5% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Acular LS® 0.4% ophthalmic drops	Ketorolac Tromethamine 0.4% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Alphagan® P 0.15% ophthalmic drops	Brimonidine Tartrate 0.15% ophthalmic drops	Antiglaucoma Agents
Phenytek® 200mg, 300mg extended-release capsules	Phenytoin Sodium 200mg, 300mg extended-release capsules	Anticonvulsants – Hydantoins
Razadyne® 4mg/mL solution	Galantamine Hydrobromide 4mg/mL solution	Alzheimers Agent – Cholinesterase Inhibitors
Starlix® 60mg, 120mg tablets	Nateglinide 60mg, 120mg tablets	Antidiabetic Agents – Meglitinides
Valtrex® 500mg, 1gm caplets	Valacyclovir Hydrochloride 500mg, 1gm caplets (QL: 62 caplets/31 days – Medicare only)	Anti-infective Agents – Antivirals

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

ADDITIONS	
Adcirca® 20mg tablets (PA)	Morphine Sulfate 1mg/mL syringe
Buprenorphine 2mg, 8mg SL tablets	Piperacillin-Tazobactam 2.25gm, 3.375gm, 4.5gm, 40.5gm vial
Capastat® Sulfate 1gm vial	Sabril® 500mg tablets (PA)
Cervarix® Vaccine (PA)	Saphris® 5mg, 10mg SL tablets (PA)
Codeine Sulfate 15mg, 30mg, 60mg tablets (QL: 248 tablets/31 days)	Seromycin® 250mg capsules
Hiberix® Vaccine	Trecator® 250mg tablets
Lamotrigine Tablet Starter Kit	Venlafaxine ER 37.5mg, 75mg, 150mg, 225mg tablets (QL: 31 tablets/31 days)
Metadate® ER 20mg tablets	Votrient™ 200mg tablets (PA)

PA = Prior authorization required

QL = Quantity limit

PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Roche	Vesanoid® capsules	Dec. 14, 2009	Vesanoid® capsules are a non-formulary medication that was removed from the market on Dec. 14, 2009.
Eli Lilly	Humulin® 50/50 Insulin	Dec. 31, 2009	Humulin® 50/50 Insulin is no longer available from Eli Lilly. Beginning Jan. 1, 2010, Humulin® 50/50 was no longer a covered benefit of WellCare Medicare and Medicaid plans.



HOW TO REGISTER AS A PROVIDER ON PAYSPAN HEALTH'S WEB SITE

If you'd like to receive your WellCare payments faster, simply sign up for EFT payments at PaySpan Health's Web site. The registration process is outlined below.

To Begin Registration:

1. Navigate to www.payspanhealth.com.
2. Click on the orange *Secure Registration* button.
3. A screen will appear for you to enter your registration code.
4. Type in the registration code from the registration letter, or use the code given to you by your Provider Relations representative.
5. Click the *OK* button.
6. The *Welcome Page* screen will appear.
7. Type in your Payee Identification Number (PIN) and Tax Identification Number (TIN). The PIN/Vendor is the payee ID assigned by the payer.
8. Click on the *Begin* button to start the registration process.

Step 1: The *Registration Information* screen will appear.

1. Complete the required registration information questions.
2. The e-mail address will become your user name when logging in to the PaySpan Health Web site.
3. Click on the *Next* button to continue to Step 2.

Step 2: The *Accounting Information* screen will appear.

1. Type in an account name to identify the receiving account.
Note: Providers typically use the account name to specify the payee designation (i.e., General Hospital

may be paid by Community Health Plan to separate payee accounts such as General Hospital ER and General Hospital Labs). Each payee will have a separate registration code and can therefore have a separate receiving account established. The same routing and account number can be used for multiple receiving accounts.

2. Enter the routing number and account number in the specified fields.
3. Click on the *Next* button to continue to Step 3.

Step 3: The *Terms and Conditions* screen will appear.

1. Review the registration information.
2. Click the *Edit* button to make any corrections.
3. Read the service agreement then check the terms and conditions box if in agreement.
4. Click the *Submit* button.

This will complete the registration process.

You will receive an e-mail confirmation of your completed registration. In a few days, you will need to verify with your bank that a minimal deposit has been made by Payformance. This deposit amount will be used to confirm that your electronic payments are set up appropriately through PaySpan Health and your bank. You will see this confirmation page the next time you log in to www.payspanhealth.com using your user name (your e-mail address) and your password.

If you have any questions about the registration process or the PaySpan Health Web site, please contact Payformance's Provider Support Team at 1-877-331-7154 Monday through Friday, 7am to 9pm Eastern.

EFT HELPS YOU RECEIVE FASTER PAYMENTS

You can receive your WellCare payments faster by signing up to receive electronic funds transfer (EFT) through our payment partner, Payformance.

Registration is quick and simple.

1. Obtain your registration letter or contact your Provider Relations representative for your registration code.
2. Once you have your registration code, go to the PaySpan Health Web site at www.payspanhealth.com. The Web site will walk you through the 5 to 10 minute registration process. The article to the left outlines these steps. You will receive a deposit from Payformance, which you'll need to confirm. EFT payments are typically received 2 to 5 days sooner than paper checks.

If you have questions, please contact your Provider Relations representative, or call Provider Services at the number listed on the Quick Reference Guides. You can also contact Payformance at 1-877-331-7154 Monday through Friday, from 7am to 9pm Eastern.

SUNCAP

WellCare offers an electronic version of cap payments called SUNCAP. The reports are usually available the 20th of each month and include member-level detail, which allows larger provider groups and ancillary providers an electronic means to reconcile payments to their assigned membership.

The files are sent in a standard text format to a secured site that allows you to import the data into any software system that you choose.

For more information on signing up to receive SUNCAP reports, please contact your Provider Relations representative.



COLONOSCOPY EVERY 10 YEARS COULD PREVENT MANY DEATHS

Colorectal cancer causes more cancer deaths among non-smokers than any other form of cancer. It is estimated that 250,000 New Yorkers ages 50 and older have undetected colon polyps. Without early detection and treatment, as many as 20,000 of these New Yorkers will develop cancer in the next 20 years. The New York City Department of Health and Mental Hygiene (NYC DOHMH) recommends a colonoscopy every 10 years as the preferred colorectal cancer screening test. An annual fecal occult blood test (FOBT) of three consecutive stool samples is an acceptable, although not optimal, alternative for those patients unable or unwilling to undergo colonoscopy.

Persons at high risk for colorectal cancer should begin colonoscopy screenings at age 40 or younger. Clinicians' recommendations remain one of the most powerful determinants of whether a patient undergoes colorectal cancer screening. Most New Yorkers are not undergoing a recommended schedule of optimal screening and, each year, approximately 1,500 New Yorkers die from colorectal cancer. Physicians may prevent most of these deaths by recommending regular screening.

Source: New York City Department of Health and Mental Hygiene

CHLAMYDIA SCREENING

These U.S. Preventive Services Task Force (USPSTF) recommendations target all sexually active individuals, including adolescents and pregnant women.

ASSESSMENT OF RISK

All sexually active women 24 years of age or younger, including adolescents, are at increased risk for chlamydial infection. In addition to sexual activity and age, other risk factors for chlamydial infection include a history of chlamydial or other sexually transmitted infection, new or multiple sexual partners, inconsistent condom use and exchanging sex for money or drugs. Risk factors for pregnant women are the same as for non-pregnant women.

Prevalence of chlamydial infection varies widely among patient populations. African-American and Hispanic women have a higher prevalence of infection than the general population in many communities and settings. Among men and women, increased prevalence rates are also found in incarcerated populations, military recruits and patients at public sexually transmitted infection clinics.

SCREENING TESTS

Nucleic acid amplification tests have high specificity and sensitivity when used as screening tests for chlamydial infection. Nucleic acid amplification tests can be used with urine and vaginal swabs, enabling screening when a pelvic examination is not performed.

TREATMENT

Appropriate treatment of chlamydial infection, along with other sexually transmitted diseases, are outlined by the Centers for Disease Control and Prevention (CDC) and available via their Web site at www.cdc.gov/std/treatment/. The CDC recommends that chlamydia infection be treated with 1g of azithromycin in a single oral dose or with 100mg oral doxycycline taken twice daily for seven days.

Pregnant women with chlamydial infection may be treated with 1g of azithromycin in a single oral dose or 500mg amoxicillin taken orally three times daily for seven days.

Because the CDC updates these recommendations regularly, clinicians are encouraged to access the CDC's Web site to obtain the most current recommendations.

Sources:

Agency for Healthcare Research and Quality, U.S. Preventive Services Task Force (USPSTF). Available at: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical

Centers for Disease Control and Prevention. Available at: www.cdc.gov/std/treatment/.

ENCOURAGE ANNUAL EYE EXAMS

Please encourage your patients to get an annual eye examination. WellCare's goal is that every member receives a wellness eye exam annually. If your patients have not already received their annual exam, please remind them to schedule an appointment today. WellCare contracts with Block Vision for vision care services for Medicare, Managed Long Term Care and Medicaid members. Members may contact Block Vision at 1-800-879-6901.



BREASTFEEDING

THE BENEFITS OF BREASTFEEDING TO INFANTS AND ENCOURAGING YOUR PATIENTS TO PRACTICE BREAST FEEDING

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) issued an edition of City Health Information (CHI) entitled: “Encouraging and Supporting Breastfeeding.” The information in this article highlights some important points we would encourage you to focus on with your female patients who are mothers.

Breastfeeding exclusively for the first 6 months of an infant’s life has many health benefits for babies and new mothers. Examples of these benefits include:

- A reduction in infectious diseases and mortality during infancy
- Improved bonding between mothers and babies
- Postpartum maternal weight loss
- Saving time and money (formula and medical costs) for families

Despite these benefits, relatively few women breastfeed exclusively for the recommended six-month time period. While nearly 85 percent of new mothers start breastfeeding their child, by two months, only 26 percent are still exclusively feeding breast milk to their babies.

The reasons that women stop breastfeeding include concerns over whether they are producing enough milk to satisfy their baby, difficulty nursing, sore nipples and the need to return to work or school. However, most of these problems can be easily dealt with if physicians and nurses provide adequate support and encouragement for breastfeeding.

We urge you to help encourage breastfeeding and help your patients overcome their personal challenges. Here are some actions to achieve these goals:

- Assess whether breastfeeding is the best option for a woman.
- Discuss the many benefits of breastfeeding for an infant and mother at every visit, starting with the first prenatal visit.
- Provide support to breastfeeding mothers throughout pregnancy, at delivery, during the postpartum period and during at least the first 6 months of the baby’s life.



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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

By proactively managing your patients' care, you are able to effectively monitor their health, prevent complications and identify issues that may arise with their care. Providing preventive services, which improve HEDIS scores, demonstrates a commitment to quality patient care and is often reflected in your patient's satisfaction with their health care and their relationship with their doctors.

HEDIS can also help you:

- Identify at-risk members to ensure they receive preventive screenings.
- Understand how you compare with other WellCare providers as well as with the national average.

VALUE OF HEDIS TO PATIENTS

HEDIS works to ensure that members 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 receive 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

CMS FURNISHES SCREENING FOR HIV IN HIGH-RISK MEDICARE POPULATIONS

The Centers for Medicare & Medicaid Services (CMS) clarified its obligation to furnish human immunodeficiency virus (HIV) screening to members with high-risk profiles, given the recent national coverage decision (NCD) on this particular screening.

Effective Jan. 1, 2010, WellCare covers both standard and U.S. Food and Drug Administration (FDA)-approved HIV rapid screen tests for people at risk. These tests are covered under basic lab services.

The CMS guidelines state these tests must be covered for:

- Annual voluntary HIV screening of Medicare members at increased risk for HIV infection per U.S. Preventive Services Task Force (USPSTF) guidelines, including:
 - Men who have had sex with men after 1975;
 - Men and women having unprotected sex with multiple partners;
 - Past or present injection drug users;
 - Men and women who exchange sex for money or drugs, or have sex with partners who do;
 - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
 - Persons being treated for sexually transmitted diseases;
 - Persons with a history of blood transfusion between 1978 and 1985;
 - Persons who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.
- Voluntary HIV screening of pregnant Medicare members when the diagnosis of pregnancy is known, during the third trimester and at labor.

If you have any questions about these covered tests or this benefit, please call Customer Service at **1-800-278-5155**.



Source: Centers for Medicare and Medicaid Services. Decision Memo for Screening the Human Immunodeficiency Virus (HIV) Infection (CAG-00409N). Available at www.cms.hhs.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&id=229&.

UNDERSTANDING MEMBER COST-SHARING

WELLCARE COORDINATED CARE PLANS

What is cost-sharing?

Cost-sharing is the amount a member pays for health care and/or prescriptions. This amount can include co-payments, coinsurance and/or deductibles.

Providers should collect the applicable cost-share from the member at the time of the service when possible. Some members qualify for state programs to help them pay their out-of-pocket costs for Medicare. Members enrolled in these programs may still have to pay a Medicaid co-payment, depending on the rules in their state.

Would there ever be more than one co-payment due from a member in a single day?

Yes, there are certain situations when a member would be responsible for more than one co-payment in a single day.

1. If a member sees more than one provider on a given day, he or she would be responsible for the appropriate co-payment for each provider. For example, if a member has office visits with a PCP and a specialist on the same day, even if they are in the same office, he or she would be responsible for both the PCP and the specialist co-payments.
2. If a member has more than one diagnostic test or procedure in an outpatient or office setting on a single day, he or she would be responsible for the appropriate outpatient or office co-payment, plus the co-payment for each category of diagnostic services.

As an example, please refer to the chart below:

CATEGORY OF SERVICES	2010 AMOUNT
Lab services (i.e., urinalysis)	\$0 co-payment
Basic diagnostic radiological services (i.e., flat film X-ray)	\$0 co-payment
Basic diagnostic tests (i.e., allergy test)	\$20 co-payment
Advanced diagnostic tests (i.e., cardiac stress test)	\$50 co-payment
Advanced diagnostic radiological services (i.e., MRI)	\$50 co-payment

Let's say a member has an allergy test and a cardiac stress test performed by a single provider on the same day. By referring to the chart above, we can see that the member would be responsible for a \$20 co-payment for the allergy test, plus a \$50 co-payment for the cardiac stress test. If a member has these services performed in an outpatient facility, then he or she would be responsible for the appropriate outpatient facility co-payment amount, plus the allergy test and cardiac stress test co-payments.

For additional information, visit www.wellcare.com or call Customer Service at 1-800-278-5155.