

PROVIDER

Newsletter

CULTURE OF COMPLIANCE

The WellCare Code of Conduct and Business Ethics (the Code) enunciates the basic principles governing our business activities and relationships, and includes principles of fraud, waste and abuse. Values that guide activities, good judgment, personal honesty and sound business ethics are described in the Code. As an extension of WellCare, all delegated vendors must adhere to, and comply with, the principles in the Code. Delegated vendors must attest to training and compliance with the Code. The Code may be accessed at the following link: www.wellcare.com/AboutUs/default.

All delegated and contracted providers who render benefits or services for Medicare Part C and Part D programs must complete Fraud, Waste and Abuse training, affirming a commitment of compliance with all applicable federal and state standards to include the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), False Claims Act and the Anti-Kickback Statute. As a WellCare delegated and/or contracted provider, this training requirement applies to you and your staff.

Topics addressed in the training include:

- Laws and regulations related to Medicare Advantage (MA) and Medicare Part D fraud, waste and abuse (i.e., False Claims Act, Anti-Kickback Statute, HIPAA, etc.)
- Obligations of the first-tier, downstream and related entities to have appropriate policies and procedures to address fraud, waste and abuse.
- Process for reporting suspected fraud, waste and abuse of first-tier, downstream and related entities to the organization or prescription drug plan (PDP) sponsor
- Protections for employees of first-tier, downstream and related entities who report suspected fraud, waste and abuse
- Types of fraud, waste and abuse that can occur in first-tier, downstream and related entities

FWA training requirements are detailed in federal regulations at 42 C.F.R. § 422.503 and 42 C.F.R. § 423.504.

The link to the training may be accessed at www.wellcare.learnsomething.com, the WellCare Web site at www.wellcare.com and the WellCare Provider Portal at www.wellcare.com/provider.

FWA and HIPAA trainings are an annual requirement. It is important that you maintain documentation of the training to evidence compliance if requested.

PROVIDER UPDATE

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

- 2011 WellCare Plan Terminations (Medicare) FAQs
- HEDIS® “Measure of the Month”: Prenatal and Postpartum Care (e-mail)
- CMS STAR Rating System
- Lab Code Unit Limits
- Provider Annual Survey
- HEDIS® “Measure of the Month”: Evaluation and Management Practices (e-mail)
- E-mail Communication Launch
- New York 2010 Issue III Provider Newsletter
- HEDIS® “Measure of the Month”: Follow-up after a Mental Illness Hospitalization
- SNIP Edits and Claims Format Guidelines

You can find copies of some of these correspondences when you log in to the secure area of www.wellcare.com (via the sign-in on the right that says “Member / Provider Secure Sign-In”). Then click on the *Provider* tab and you will see *Messages from WellCare* located in the right-hand side. Remember to check the messages regularly to receive new and updated information.

CLAIMS CORNER—PAPER CLAIM SUBMISSION GUIDELINES AND SNIP EDITS

WellCare of New York, Inc. (Wellcare) is updating its Provider Manual(s) to reflect further details on regulatory requirements and industry standards for submissions of health care claims and encounters. The purpose of this additional information is to promote compliance with standards for claims and encounters submission.

PAPER CLAIMS GUIDELINES – EFFECTIVE OCTOBER 28, 2010

- Submit “clean claims” pursuant to your Provider Agreement using the UB-04 and CMS-1500 claim forms. For complete, detailed information about paper claim submissions, refer to the National Uniform Claim Committee (NUCC) – CMS-1500 forms and the National Uniform Billing Committee (NUBC) – UB-04 forms. Refer to the 837 Institutional Implementation Guide by Washington Publishing Company (March 2003) for any EDI-related issues. Please visit our Web site at www.wellcare.com to find sample CMS-1500 and UB-04 forms and other helpful guidelines.
- Paper claim forms must not be handwritten or have any extraneous data printed or stamped on them.
- Medicare/Medicaid resubmission refers to the code and original reference number assigned by the destination payer or receiver to indicate a previously submitted claim or encounter.
- “Corrected Claim” in the instance of a re-submission must have the appropriate bill frequency code in the left-hand side of Box 22 and the original reference number in the right-hand side on the CMS-1500. The frequency code is located in the bill type at the top of the UB-04 form.
 - CMS-1500 allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref. No. area in Box 22. Please see example below:
 - 7 – Replacement of Prior Claim
 - 8 – Void/Cancel of Prior Claim

22. MEDICAID RESUBMISSION CODE	ORIGINAL REF. NO.
7 OR 8	123456789012A33456

- UB-04 allows for the frequency code to be entered as the third digit of the bill type. An example of this is 127, with the 7 being the frequency code for the Replacement of Prior Claim.

7–Replacement of Prior Claim
8–Void/Cancel of Prior Claim

The codes listed above for the CMS-1500 and UB-04 are not intended for use for original claim submission.

- Encounter submission—“Encounter” stamped in red on the paper claim is allowed only if it does not obscure any of the claim’s information.
- Any missing, incomplete or invalid information in any field will cause the claim to be rejected.
- The font should be legible, typed in black ink, and in large, dark font in capital letters. The font should not have broken characters, script, italics or stylized font, red ink, mini font, or dot matrix font.

STANDARDS FOR CLAIMS AND ENCOUNTERS, AND SNIP—EFFECTIVE NOVEMBER 1, 2010

- Electronic Claims and Encounters—Submit with updated HIPAA Electronic Transaction and Code Sets, included in the Provider Manual(s). Additional guidance can be found at: www.cms.hhs.gov/TransactionCodeSetsStands/.
- Strategic National Implementation Process (SNIP)—All claims and encounters will require validation of transaction integrity/syntax at levels 4 and 5.

The Plan will start enforcing additional SNIP 4 and 5 edits to comply with federal and state mandates. This applies to all submission types: paper, electronic claims (EDI) and direct data entry (DDE).

Below are general descriptions of each level:

- **SNIP Type 4**—Situational Requirements. Refer to the frequent examples below:
 1. Physical address of service location is required for all places of service billed.
 2. Additional present on admission (POA) indicator qualifier edits on the 2300 K3 segment.
 3. Total purchased service amount in the 2300 loop.
 4. Purchased service provider name when a purchased service is rendered in the 2300 loop (see #3 above).
 5. Service location address may not contain a P.O. Box.
 6. Taxonomy information is required for rendering and/or bill-to provider.
 7. Patient's date of birth cannot be greater than the date of service.
- **SNIP Type 5**—External Code Set Validation (e.g., Procedure codes, ICD-9 codes, state and ZIP codes, Taxonomy codes.)

WHAT DO THESE CHANGES MEAN TO YOU?

It is important that you/your organization comply with these submission requirements in order for your claims/encounters to be processed in a timely manner and to avoid rejections. The Plan is aware that it will take you some time to update your systems accordingly.

- Claims received after the effective date of **October 28, 2010**, that do not adhere to the **paper claim guidelines** outlined above will be rejected.
- Full compliance with the **SNIP edits** described above are now required, as of **November 1, 2010**.

Please note that all other Plan claim submission requirements, such as timely filing, are not affected by these additional standards.

Updated copies of the Provider Manual addendum will be available via the Plan's Web site at www.wellcare.com. For questions, please contact your Provider Relations representative or call Provider Services at 1-800-278-5155 (Medicare), 1-800-288-5441 (Medicaid). We appreciate your attention and preparation for these changes.

FIVE REASONS TO SIGN UP FOR EFT

Five reasons to sign up today for Electronic Funds Transfer (EFT):

1. No interrupting your busy schedule to deposit a check.
2. No waiting in line at the bank.
3. No lost, stolen, or stale-dated checks.
4. YOU control your banking information.
5. Immediate availability of funds—NO bank holds!

Five reasons to use Electronic Remittance Advice (ERA):

1. Quick posting of claims that we pay.
2. Accurate posting of claims that we pay.
3. HIPAA-compliant file format (835) imports into most practice management systems.
4. Multiple Data Exchange Partners (DEPs) are registered users of PaySpan Health (Avisena, Gateway EDI, GHN Online, Quadax, Relay Health and SSI Group; RealMed and ZirMed are coming soon).
5. Register for multiple payers.

To view a list of payers that use PaySpan Health, please visit their Web site www.payformance.com/for-providers/participating-health-plans.



FOCUS ON FAMILY PLANNING AND CONTRACEPTION

Unintended pregnancies continue to be prevalent in New York City and are associated with poor health outcomes for adolescents, women and infants. Sexually active adolescents and women of reproductive age are at risk for unintended pregnancy if they do not use contraception, if they experience contraceptive failure or are sexually assaulted.

Contraceptive counseling, provision or referral for contraceptive services and provision of emergency contraception (EC) in advance, and as needed, are important preventive tools. In rape cases, all victims are to be offered EC in the emergency room, according to New York State and New York City health codes.

Regardless of the purpose of a patient's visit, health care providers are encouraged to discuss the following with all men and women of reproductive age:

- Sexual history
- Knowledge and use of birth control
- Intention to become pregnant

The dialogue should include review of sexual activity, risk for sexually transmitted infections—including HIV—and health factors for pregnancy. For women and men who are planning a pregnancy, the provider can then offer preconception counseling. For women and men not wishing to conceive, providers should support consistent use of effective contraceptive methods and STD protection and should provide emergency contraception to prevent pregnancy after unprotected intercourse.

ADOLESCENTS AND REPRODUCTIVE HEALTH

Federal and New York State law give adolescents ages 17 and younger the right to consent to confidential reproductive health care, including birth control and abortion information and services, without parental knowledge or permission.

For information on reproductive health and family planning, see the American Congress of Obstetricians and Gynecologists Web site at www.acog.org.

PATIENT EDUCATION RESOURCES

- “Birth Control. What’s Right for You?” Free educational brochure available in English and Spanish from the DOHMH Bureau of Maternal, Infant and Reproductive Health by dialing 311. View online at: www.nyc.gov/health/maternity.
- The National Women’s Health Information Center, www.4woman.gov.
- Planned Parenthood Federation of America, Inc., www.plannedparenthood.org/health.
- Emergency Contraceptive Web site, www.not-2-late.com.
- The Nurse-Family Partnership (NFP) is a nationwide, nurse home-visiting program committed to improving the health, well-being and self-sufficiency of low-income, first-time mothers and their children. The program is voluntary and free of charge. Visit their Web site at www.nursefamilypartnership.org.

Source: NYCDOHMH Compendium; <http://www.nyc.gov/html/doh/downloads/pdf/hca/compendium/section2-reproductive.pdf>

CHRONIC WORLD TRADE CENTER-RELATED PROBLEMS

The New York City Health Department developed clinical guidelines for health care providers on how to treat adults and children exposed to the World Trade Center (WTC) disaster. These publications also provide information about referral resources for medical and mental health symptoms specifically related to the WTC disaster.

Access the guidelines at www.nyc.gov/html/doh/wtc/html/hcp/hcp.shtml.

The NYC DOHMH also maintains an updated WTC scientific bibliography at www.nyc.gov/html/doh/wtc/html/studies/bibliography.shtml.

ACCESS AND AVAILABILITY PROVIDER AUDITS

To ensure that WellCare members have timely access to their physicians, the Plan conducts random, annual telephone audits of its provider network. This audit is required by our regulatory partners in Medicare and Medicaid. The Plan must be able to report the annual results of these audits to these regulatory partners upon request.

The access audit consists of several questions to determine the next available appointment times for our members, and the average wait time in the provider's office once the member arrives for his/her appointment. The availability audit verifies whether members have access to their provider, an on-call physician or an advice nurse after office hours.

Audit calls take only a few minutes to complete and participation in these audits is a condition of your contract with the Plan. (Additional information regarding your responsibilities as a provider can be found in your Provider Manual.)

We appreciate you and your staff participating in this effort. If you have any questions regarding these audits, please contact your Provider Relations representative.

MEDICARE

MEDICARE ADVANTAGE PLANS 2011

Each year WellCare must re-submit Medicare Advantage plan bids to the Centers for Medicare & Medicaid Services (CMS). As a result, WellCare's plans may change service area, plan names and/or both. Members who have been impacted by a change in service area will need to re-enroll during the Annual Enrollment Period (AEP). Members who have had a plan name change only will be rolled-over into a new plan that offers similar benefits.

Members who are currently enrolled in a terminating plan were notified by letter on September 22. There has been some confusion regarding these notifications that some of your patients may have received. **Most importantly, WellCare is not exiting any counties and has alternative products available for all members that received this communication.**

If a member has questions about the notification, please advise him or her to contact WellCare Customer Service at 1-800-278-5155. Customer Service has talking points on this communication and will direct them to the appropriate staff that can help them get enrolled in an alternate WellCare plan.

As a provider, please continue to perform the same services to members on your panel as you would normally.

To ensure a successful new plan year transition, please remember these helpful tips:

- Always check the member's ID card and verify eligibility at each office visit.

- You can identify a WellCare Medicare Advantage member by looking at his or her member ID number as it should only contain numerals.
- If a member makes an appointment with you before receiving an ID card, you may contact Customer Service for plan-specific information.
- An enrollee's membership is effective the first day of the month following receipt of his or her application.

To validate eligibility of WellCare Medicare Advantage members, please call the Customer Service telephone number listed on the back of the ID card. As a registered user, you can also check on the Plan's Web site at www.wellcare.com. If you are not a registered user, registration is easy.

1. Go to www.wellcare.com/provider/default and click on the *Sign Up Here* link next to *Register Today!* You will reach the www.wellcare.com/registration/provider page, where you will begin the simple, three-step process.
2. You will be asked to supply an e-mail address. The WellCare Web site allows you to have as many administrative users as needed, and you can tailor views, downloading options and e-mail details. For security purposes, we encourage the use of business e-mail accounts (instead of personal e-mail addresses).

For more information on WellCare's 2011 Medicare Advantage plans, please visit the Plans' Web site at www.wellcare.com.

FREE UP YOUR FAX MACHINE!

WELLCARE OF NEW YORK, INC., HAS LAUNCHED PROVIDER E-MAIL COMMUNICATIONS

WellCare of New York, Inc., (WellCare) has launched the use of outbound e-mail communications for our provider community! We listened to the feedback providers shared in our survey, and thank you for voicing your opinions!

If you have already registered for the secured Web site, thank you for your participation. You should have received the first two e-mails from WellCare on Sept. 27 or Oct. 28, 2010, with updates on Essential Health and Wellness Measures.

If you have not yet registered for the Web site, we encourage you to participate by following the simple process outlined below.

HOW TO OPT IN TO E-MAIL COMMUNICATIONS

1. Visit www.wellcare.com/provider/default and click on the “Sign Up Here” link next to “Register Today!” You will reach the www.wellcare.com/registration/provider page where you can begin the simple, three-step Web registration process.
 - By registering for WellCare’s Web site, you and your staff will have secure Web access to a variety of easy-to-use tools created to streamline your day-to-day tasks, including:
 - ◊ Submitting and checking the status of claims
 - ◊ Accessing member eligibility and co-pay information
 - ◊ Submitting and checking the status of authorization requests
2. During the Web registration process, you will be asked to supply an e-mail address. The Web site allows you to have as many administrative users as needed, and you can tailor views, downloading options and e-mail details.
 - For security purposes, we encourage the use of business e-mail accounts and recommend you provide the main e-mail account for your practice in addition to any other e-mail addresses you wish to provide. The use of personal e-mail addresses (such as yahoo.com, aol.com, gmail.com, etc.) to receive official WellCare communications is not recommended.

3. Within 24 hours of registration, you will receive an e-mail with a temporary password. Use this password to log in to the WellCare site and create a password of your preference. Please make note of your login and password information for future use.

If you register for the secured Web site, you will soon begin receiving e-mail communications with information regarding claims processes, provider education, pharmacy updates, important reminders, provider newsletters and more.

If there are other providers in your practice who are not registered users of the Provider Web site, we suggest encouraging them to register so they may receive future e-mail communications as well.

We will never e-mail you Protected Health Information (PHI) or HIPAA-related communication. If you do receive an e-mail containing sensitive information, please contact WellCare’s iCare Compliance Hotline at 1-866-364-1350.

TO UNSUBSCRIBE/OPT OUT

- You may unsubscribe from the e-mail communications at any time by scrolling down to the bottom of any WellCare e-mail and clicking the “One-Click Unsubscribe” link.
- If you have previously provided your e-mail address to WellCare during the secured Web site registration or credentialing process, it may automatically be included in this initiative. If you wish to opt out, please unsubscribe by following the step above.

Please note that contractual and regulatory-based communications will continue to be delivered via other methods, including mailings and faxes.

If you have any questions, please call Provider Services at 1-800-288-5441 (Medicaid) or 1-800-278-5155 (Medicare).

Fast, secure, at your fingertips—Register for the secured Web site and e-mail communications today!

THE PROVIDER'S ROLE IN DATA GATHERING

Prior to billing Medicare, providers must ensure that they are billing the correct primary payer. A few minutes during each visit can help save time and money later. When collecting this data, the provider must indicate if the health care coverage is due to retirement and a supplemental policy.

Providers should be considering questions similar to the following:

- Does the patient have any group health plan (GHP) coverage based upon his/her current employment? (Medigap coverage should not be indicated.)
- Does the patient have any GHP coverage based upon his/her former employment?
- How many employees, including the patient, work for the employer from whom the patient has health insurance?
- Does the patient have any GHP coverage based upon his/her spouse's or another family member's current employment?
- Does the patient have any GHP coverage based upon his/her spouse's or another family member's former employment?
- How many employees, including the patient's spouse or other family members, work for the employer from whom the patient has health insurance?
- Is the patient receiving Black Lung benefits?
- Is the patient receiving workers' compensation benefits?
- Is the patient receiving treatment for an injury or illness for which another party could be held liable or is covered under automobile no-fault insurance?

NOW IS THE TIME TO HELP YOUR PATIENTS QUIT SMOKING AND SAVE THEIR MONEY!

CIGARETTE PRICES HIT \$11 PER PACK IN NEW YORK CITY

As of July 1, 2010, New York City smokers pay \$11 or more for a pack of cigarettes. The \$1.60 New York State tax increase pushes the cost of cigarettes to more than \$300 a month and \$4,000 a year for people smoking a pack a day.

Although New York City has reached its lowest rate of smoking on record (15.8 percent), nearly a million New York City adults are still putting themselves, and often the people closest to them, at increased risk of cancer, heart disease, emphysema and many other deadly and disabling illnesses by continuing to smoke.

The Health Department encourages New Yorkers to quit, saving your budgets as well. Smokers can get help by calling 311 or 1-866-NY-QUITS.

PROVIDER DIRECTORY CHANGE

In 2011, Dual Special Needs Plans (D-SNPs) will be required to display the Medicaid indicator in the provider directory when they have contracts with state Medicaid agencies. WellCare will be populating the flag on network providers in all states where we have D-SNPs to provide the most comprehensive information to members, even if we are currently still not contracted with the state. We will direct members to contact your office first to ensure you are still accepting Medicaid patients prior to making appointments.

Source: 42 CFR 422.111(b)(3)(i), 422.111(e)

PROVIDER FORMULARY UPDATE 2010

GENERIC NEWS:

The generic drugs listed below are now available:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Arimidex® 1mg Tablet	Anastrozole 1mg Tablet	Aromatase Inhibitor
Cardizem® LA 180mg, 240mg, 300mg, 360mg, 420mg Extended-Release Tablets	Diltiazem HCl 24HR 180mg, 240mg, 300mg, 360mg, 420mg Extended-Release Tablets	Calcium-Channel Blocker
Effexor XR® 37.5mg, 75mg, 150mg Extended-Release Capsules	Venlafaxine HCl 37.5mg, 75mg, 150mg Extended-Release Capsules	Serotonin-Norepinephrine Reuptake Inhibitor
EpiPen® Auto-Injector 0.3mg/0.3mL Solution for Injection	Epinephrine 0.3mg/0.3mL Auto-Injector Solution for Injection	Anaphylaxis Agent
Keppra® 500mg/5mL Solution for Injection	Levetiracetam 500mg/5mL Solution for Injection	Anticonvulsant
Prozac® Weekly™ 90mg Delayed-Release Capsules	Fluoxetine Weekly 90mg Delayed-Release Capsules	Selective Serotonin Reuptake Inhibitor (SSRI)

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

ADDITIONS
Ampicillin Sodium 125mg, 250mg, 500mg, 2gm Powder for Injection
Ciclopirox 1% Shampoo
Clindamycin Phosphate 1% Foam
Creon® 6,000 USP units of lipase, 12,000 USP units of lipase, 24,000 USP units of lipase Delayed-Release Capsules
Hydromorphone 2mg/mL Vial
NovoPen® 3 Insulin Device
Ondansetron 32mg/50mL Bag (PA)
Pfizerpen® 5,000,000 units, 20,000,000 units for Injection
Rapamune® 0.5mg Tablet (PA)
Ribasphere® 200mg Tablet (PA)
Sumatriptan 4mg/0.5mL, 6mg/0.5mL Syringes (QL: 8mL (16 syringes)/31 days)
Vimpat® 10mg/mL Oral Solution (PA)
Zortress® 0.25mg (PA, QL: 62 tablets/31 days), 0.5mg (PA), 0.75mg (PA) Tablets

PA = Prior Authorization QL = Quantity Limit

The prior authorization associated with the following medication has been removed from the **WellCare Medicare Formulary**:

Drug Name
Lovaza® 1gm Capsule



PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Novo Nordisk	Vagifem® 25mcg Vaginal Tablets	July 30, 2010	Novo Nordisk decided to discontinue Vagifem® 25mcg because medical societies have recommended that the lowest effective dose of estrogen consistent with treatment goals, benefits and risks for the individual woman should be the therapeutic goal. Novo Nordisk has recently launched low-dose Vagifem 10mcg. The Vagifem 25mcg vaginal tablets that Novo Nordisk is going to be withdrawing and the recently launched Vagifem 10mcg vaginal tablets are not a covered benefit for Medicare members of WellCare.
Pfizer	Mylotarg® 5mg Powder for Injection	October 15, 2010	Pfizer has announced it will be discontinuing commercial availability of Mylotarg® in the U.S. Patients who are currently taking Mylotarg and those patients who have been prescribed Mylotarg may continue their course of therapy in consultation with their physicians. However, Pfizer recommends no new patients in the U.S. be prescribed Mylotarg. Future use of Mylotarg for new patients in the U.S. will require physician submission of an Investigational New Drug (IND) application to the U.S. Food and Drug Administration (FDA).

Please visit www.wellcare.com to view the current formulary and pharmacy updates.

PNEUMONIA SHOT

Pneumococcal vaccination, unless otherwise contraindicated, should be considered for people in the following groups:

- Adults—65 years of age and older
- Persons older than 2 years of age with chronic heart or lung disorders including congestive heart failure, diabetes mellitus, chronic liver disease, alcoholism, spinal fluid leaks, cardiomyopathy, chronic bronchitis or emphysema (COPD) or emphysema.
- Persons older than 2 years of age with spleen dysfunction (such as sickle cell disease) or lack of spleen function (asplenia), blood malignancy (leukemia), multiple myeloma, kidney failure, organ transplantation or immunosuppressive conditions, including HIV infection.
- Alaskan natives and certain American Indian populations.
- If elective surgical removal of the spleen (splenectomy) or immunosuppressive therapy is planned, the vaccine is given two weeks prior to the procedure, if possible.

Source: www.medicinenet.com/pneumococcal_vaccination.

ORAL HEALTH CARE DURING PREGNANCY

Oral health should be an integral part of prenatal care. Although we have known for a long time that oral health is important, some pregnant women are not receiving oral health care services.

Prenatal care providers should play a crucial role in breaking down barriers to access and raise awareness about the importance of oral health. Furthermore, they can dispel misconceptions, such as the belief that bleeding in the mouth is “normal” during pregnancy, pain during dental procedures is unavoidable, X-rays during pregnancy are harmful to the fetus and postponing treatment until after pregnancy is safer for the fetus and mother.

Some oral health professionals also have concerns about the effects of X-rays and medications including anesthetic agents, antibiotics and analgesics on the fetus. While structural, financial, personal and cultural barriers may present problems in finding appropriate sources of dental care for pregnant women, prenatal care providers can play a significant role by educating pregnant women and advocating for appropriate oral health care in their communities.

Advise your pregnant patients that:

- Dental care is safe and effective during pregnancy. Oral health care should be coordinated among prenatal and oral health care providers.
- First trimester diagnosis and treatment, including needed dental X-rays, can be undertaken safely to diagnose disease processes that need immediate treatment.
- Needed treatment can be provided throughout pregnancy; however, the time period between the 14th and 20th week is ideal.
- Elective care can be deferred until after delivery.
- Delay in obtaining necessary treatment could result in significant risk to her and indirectly to the fetus.

Source: August 2006. New York State Department of Health, “Oral Health Care during Pregnancy and Early Childhood Practice Guidelines” available at: www.health.state.ny.us/publications/0824.pdf.

MEDICAID

TEXT4BABY – NEW, FREE MOBILE INFORMATION SERVICE

We would like you to know about an exciting new, free mobile information service called text4baby, an educational program of the national Healthy Mothers, Healthy Babies Coalition (HMHB). This program provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life.

Topic areas derived from evidenced-based best practices include health care access, immunization, nutrition, prenatal care, avoidance of drugs and alcohol, emotional well-being, smoking cessation, labor and delivery, breastfeeding, mental health, car seat safety, safe sleep, oral health, pregnancy symptoms and warnings, exercise, and developmental milestones.

We would appreciate your help in spreading the word about text4baby to your patients by providing them with the following information:

- **Register by:**
 - Texting **BABY** to 511411 (or **BEBE** for Spanish)
 - Visiting the **text4baby** Web site at www.text4baby.org
- The expectant or new mom will need to enter her ZIP code and due date or the baby’s date of birth
- The program ends when the expectant or new mom texts **STOP** or upon the baby’s first birthday

If you would like more information on the text4baby service, visit the program Web site at www.text4baby.org.

TREATING RESPIRATORY ILLNESS

WellCare encourages using the Diagnosis and Treatment of Respiratory Illness in Children and Adults guideline to help treat respiratory illness in children and adults. This guideline encompasses acute conditions in infants older than 3 months, children, adolescents and adults who are in good health.

Priority Aims:

- Increase the appropriateness of patient visits for viral upper-respiratory infection, increase patient/caregiver knowledge of effective home treatment of cold symptoms and eliminate the inappropriate use of antibiotics in patients presenting with cold symptoms;
- Reduce excessive antibiotic treatment through decreased empiric treatment of patients with pharyngitis;
- Increase the use of recommended first-line medications for patients with pharyngitis;
- Increase patient/caregiver knowledge about pharyngitis and pharyngitis care;
- Increase the use of prophylactic medications for patients with seasonal allergic rhinitis;
- Decrease the use of injectable corticosteroid therapy for patients with allergic rhinitis; and
- Increase the use of first-line antibiotics when indicated for patients diagnosed with sinusitis.

The goal of the guideline is threefold:

1. Education to assist patients to be competent and comfortable with home care of respiratory illness;
2. To assist medical personnel to differentiate respiratory illness from more severe illness; and
3. To improve the appropriateness of care and antibiotic use for respiratory illness while decreasing the cost of that care.

The complete guideline, additional background material and clinical recommendations are located on the Institute for Clinical Systems Improvement Web site at www.icsi.org/guidelines_and_more/gl_os_prot/respiratory/.

Source:

2008, Jan. *Diagnosis and Treatment of Respiratory Illness in Children and Adults*. Second Edition. Institute for Clinical Systems Improvement. Available at: www.icsi.org/respiratory_illness_in_children_and_adults_guideline/respiratory_illness_in_children_and_adults_guideline_13116.html.

CHANGES TO YOUR 835 EXPLANATION OF BENEFITS

WellCare Health Plans, Inc., has enhanced its claims systems to capture claims that have been finalized (F-processing status) and processed in our system but have not been included on an EOP (explanation of payment) due to one of the reasons noted below. You may now see more details on your claims and EOPs that were not there in the past. Processes for submitting claims remain the same.

Claims may be in F-processing status for one of the following reasons:

- If your vendor has a negative balance due to retroactivity with payable or denied claims. A refund request letter was initiated and sent by the Cost Containment department in regard to the claims that were overpaid that created the F-processing status on the payable and denied claims.
- If the claims are capitated.
- In the event the claims have been processed, but have not passed completely through the A/P cycle.
- If the claim has no payables; and all of your claims have been denied. In the past you have received a mailed nonpayable EOP that included these claims. With the enhancement, these will be included in your 835.

WellCare asks that you contact Customer Service with any questions on the EOPs that you receive from this enhancement or any other questions you may have in regard to the claims in the F-processing status.



ROUTINE CHLAMYDIA TESTING FOR THOSE AT RISK

Sexually active woman, especially those under 25, are especially at risk for developing a Chlamydia infection.

Most women infected with *Chlamydia trachomatis* are asymptomatic, minimizing the likelihood that they will seek care. Therefore, it is important that clinicians seize opportunities to test women at risk for Chlamydia whenever possible.

Adolescents do not need parental consent to be screened for Chlamydia.

In order to avoid missed opportunities to prevent the harmful consequences of untreated Chlamydia and to increase compliance with the Healthcare Effectiveness Data and Information Set (HEDIS®) Chlamydia testing measure:

- Routine testing for Chlamydia should be provided for women ages 16 to 25 who are seeking care for any of the following reasons:
 - The patient suspects she is pregnant.
 - The patient has a history of any sexually transmitted disease.
 - The patient is seeking contraceptive services.
 - The patient is seeking gynecological services.
 - The patient has indicated that she has been sexually assaulted or abused.
 - The patient indirectly indicates that she may have had sexual relations.

Upon recognizing a 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 a 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.

Nucleic acid amplification tests (NAATs), which can be performed using cervical, urethral, urine and vaginal specimens, have become the preferred test types for Chlamydia.

NAATs are highly sensitive and specific. Urine-based NAATs have facilitated screening of asymptomatic patients because specimen collection does not require a pelvic exam or urethral swab.

The NYC Health Department provides free and confidential STD clinics to the public (for non-enrolled sexual and needle-sharing partners). Clinic locations, telephone number and hours of operation may be found at <http://home2.nyc.gov/html/doh/html/std/std2.shtml>. These clinics are located in all five boroughs, with some having Saturday hours.



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."

ACETAMINOPHEN

A FEW POINTS TO CONSIDER

A growing number of serious liver injury cases are caused by unintentional acetaminophen (APAP) overdoses each year. Recently, the Food and Drug Administration (FDA) has been enhancing awareness that the maximum recommended daily dose of APAP should not exceed four grams in healthy adults. Unfortunately, many people are overusing the drug. Here are some factors that may contribute to APAP over-utilization:

- The availability of APAP in many prescription combination medications, and in single-agent and combination over-the-counter (OTC) products
- The lack of patient knowledge and/or awareness
- Patients seeing multiple prescribers who are unaware of what is in the medications the other practitioners have prescribed for the patient
- The possibility of prescriber or pharmacist oversight
- The use of multiple pharmacies

Beginning in the 1990s, APAP over-utilization emerged as a leading factor in cases of unintentional acute liver failure in the United States. One chief cause can be attributed to the fact that the majority of consumers are unaware they are exceeding the maximum recommended dosages. As mentioned above, APAP is available in numerous combination products with varying indications. As a result, much of this problem is flying “under the radar.” While some patient populations are already at a higher risk for liver damage, including those who consume greater than or equal to three alcoholic beverages daily, or already have some degree of liver dysfunction, this amount of liver failure is certainly cause for concern.

The following tables detail select analgesics, both with and without acetaminophen, that are indicated for moderate to severe pain. For your reference, there is also a table indicating the maximum acetaminophen use for common strengths of analgesics that contain acetaminophen.

Analgesics Without Acetaminophen

Tramadol	Oxycodone (Immediate Release)	Methadone/ Methadose	Hydromorphone	Morphine (Immediate Release or Extended Release)
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Analgesics With Acetaminophen

Codeine/Acetaminophen	Oxycodone/Acetaminophen	Hydrocodone/Acetaminophen
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Maximum Acetaminophen Usage

Acetaminophen Strength (mg)	Maximum Tablets/Day	Maximum Tablets/Month
300	13	390
325	12	360
500	8	240
650	6	180
750	5	150

Acetaminophen-induced liver toxicity is an easily avoidable injury that has gained escalating attention in the health care industry. Increased awareness in both health care professionals and patients will facilitate prevention of this undesirable outcome.

Source: www.fda.gov/advisorycommittees/calendar/ucm143083.htm

IDENTIFYING DOMESTIC VIOLENCE

Health care providers are frequently the first people called upon for help by domestic violence victims, yet many cases remain unrecognized or do not receive safe and timely intervention. Providers are advised to be aware of the clinical indicators associated with domestic violence in same-sex as well as heterosexual partnerships.

CLINICAL INDICATORS

Assess for patterns of injuries and determine if the injuries are inconsistent with the patient's or partner's explanation:

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

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 New York State Office for the Prevention of Domestic Violence Web site has medical and legal resource tools at www.opdv.state.ny.us/professionals/index.html.

If you have any questions or concerns involving referrals, resources or covered benefits, call the WellCare Domestic Violence Coordinator at the telephone number listed below. Also listed is contact information for other useful domestic violence resources.

WellCare Domestic Violence Coordinator:

1-866-653-0980

New York State Domestic and Sexual Violence Hotline:

1-800-942-6906 (English)

1-800-942-6908 (Spanish)

New York City Domestic Violence Hotline:

Dial 311 or 1-800-621-4673

National Domestic Violence Hotline:

1-800-799-SAFE (7233) or (TTY) 1-800-787-3224

Source: New York State Office for the Prevention of Domestic Violence



EARLY INTERVENTION PROGRAM

Infants and toddlers from birth through age 2 who live in New York City are entitled to a developmental screening or a comprehensive evaluation to determine eligibility for additional early intervention services if:

- They have a diagnosed physical or mental condition that has a high probability of resulting in a development delay; or
- They are suspected of having a development delay or disability

Delays may be in one or more of the following areas of development:

- Cognitive;
- Physical;
- Communication;
- Social/emotional; and/or
- Adaptive.

Children at risk of a disability are eligible for initial screening, and will receive periodic screenings through the New York City Infant Child Health Assessment Program.

Infants and toddlers through age 2 can be referred by their doctors, child care agencies and other social services workers or community-based agencies.

To refer pediatric patients, call the **NYC Early Intervention Program** hotline at 311 or 1-212-639-9675, or fax a referral to the regional office that corresponds to the patient's residence:

- Bronx: 1-718-410-4504
- Brooklyn: 1-718-722-2998
- Manhattan: 1-212-487-7071
- Queens: 1-718-271-6114
- Staten Island: 1-718-351-2585

DEVELOPMENTAL MONITORING REFERRAL

A child who is developing typically but may be “at risk” for atypical development, or a child who missed or failed a newborn hearing screening or re-screening (not re-screened within 75 days) may be referred to the citywide Child Find – DM Office.

Fax referrals for at-risk children to the **Child Find Unit** citywide at 1-212-227-3642.

NYC Early Intervention Program Referral Forms are located at www.nyc.gov/html/doh/downloads/pdf/earlyint/ei-referral-form.pdf

For information about early intervention services elsewhere in New York State, call the Growing Up Healthy 24-Hour Hotline at 1-800-522-5006.

Source: NYCDOHMH: www.nyc.gov/html/doh/html/earlyint/earlyint.shtml





EDUCATE FOR CHILD SAFETY

WellCare of New York, Inc. (WellCare) advises pediatricians and their staff to educate caregivers about childhood safety using the following guidelines. Please always take into account the child's developmental stage when educating caregivers about injury prevention.

SIDS RISK REDUCTION AND CRIB SAFETY

Educate caregivers of term and pre-term infants on the following guidelines:

- Infants should be placed on their backs when sleeping.
- Cribs should be free of soft bedding and stuffed animals and should have a firm, tight-fitting mattress.
- Babysitters, family caregivers and day care centers should all be educated about proper sleep positioning and crib safety.
- A smoke-free home is safest and can reduce the risk of SIDS, among other health benefits.

BED SHARING

- Bed sharing (including sleeping with an infant on a couch) is not considered safe for small infants (younger than 12 weeks especially). Infants are at an increased risk for asphyxia and suffocation when sharing a sleep surface.

WINDOW GUARDS

- Routinely inquire if window guards are in place and intact in all households where children younger than 11 reside. The New York City Health Code [§ 131.15] requires owners of multiple dwellings (three or more apartments) to provide, install or maintain window guards.

BURN PREVENTION

- Educate parents and caregivers about water, fire and other burn hazards, especially in households where there is an infant. Water heater temperatures should be set at no hotter than 120–125 degrees.
- Infant and child baths should be no hotter than 100 degrees.

CAR SAFETY

- Recommend the purchase and use of appropriate car seats, from the time a newborn is discharged from the nursery.
- Infants should be kept in rear-facing seats until they reach the maximum weight or height allowed by the maker of the car safety seat.
- Comprehensive car seat information, with links to check for recalls, is available at www.nysgtsc.state.ny.us/sesandx.htm and www.aap.org/family/carseatguide.htm.
- State law now specifies federally approved car seats for children up to 7 years old (formerly 4 years old) and seat belt restraints for older children up to age 16.

GENERAL CHILD SAFETY INFORMATION

- Injury Prevention Web (IPW): www.injuryprevention.org
- American Academy of Pediatrics: www.aap.org/healthtopics/safety.cfm

LEAD POISONING PREVENTION

- Health care providers may play an important role in reducing lead poisoning by annually educating parents of young children on how to prevent toxicity from lead exposure, the importance of blood lead testing all children at ages 1 and 2 and assessing children up to 6 years of age for risk of lead exposure, as required by New York State law.

MEDICATION AND CHEMICAL SAFETY

- Pediatricians should educate parents and caregivers of children about how to prevent the exposure to household-related poisons.
- Please provide parents and caregivers with stickers showing the telephone number of the Poison Control Center (1-800-222-1222 or 1-212- POISONS) to post on all telephones. Patient education stickers, posters, brochures and other materials are available free of charge through the NYC Poison Control Center at 1-212-447-2599 (non-urgent calls only).
- The Poison Control Center has access to translation services for 150 languages and is available for the hearing impaired (TDD) at 1-212-689-9014.
- Providers should educate caregivers about proper storage and supervised use of all medications, including vitamins and household chemicals.
- Carbon monoxide detectors are now required in NYC dwellings.
- For information, visit www.nyc.gov/html/hpd/html/homeowners/carbon_monoxide.shtml.

OTHER SAFETY AND INJURY PREVENTION TOPICS

Many of the above references can also provide information and resources for education about bicycle and scooter safety, avoiding sports injuries, school safety and other issues.

Prevention of violence and alcohol abuse are also topics covered in the New York City Department of Health and Mental Hygiene (NYC DOHMH) Compendium of Public Health Requirements and Recommendations.

Pediatricians should encourage and support parents and caregivers in taking an active role in educating their children about inappropriate touching, personal sexual responsibility, healthy lifestyle and safe relationships.

Source: New York City Department of Health and Mental Hygiene Compendium of Public Health Requirements and Recommendations.

CITYWIDE IMMUNIZATION REGISTRY

The New York Citywide Immunization Registry (CIR) provides a central record-keeping system to track the immunization status of individual children and to monitor immunization levels in the population in a timely manner.

ABOUT REPORTING

City Health code sections 11.04 and 11.07(d) require that all physicians, nurse practitioners and physician assistants who order the administration of an immunization for any individual age 18 years old and younger in New York City must report the immunizations administered to the registry within 14 days of administration.

Providers are required to report:

- All immunizations administered from birth through 18 years of age
- Past immunizations given by other health care providers that have not already been reported. There must be proper documentation of past immunizations, including the specific vaccines given and the dates they were administered.

Immunizations administered to persons 19 years of age or older may be reported to the CIR with the individual's consent documented in the medical record.

All NYC providers are required to report immunizations administered to patients younger than 19 years to the CIR, either by using the online registry or by sending electronic files extracted from billing, encounter or clinical information systems. For information, visit the CIR Web site below, or call 1-212-676-2323 to set up online access.

HOW CAN THE CIR HELP YOU?

The CIR makes immunization records available to individuals; parents; legal guardians or custodians; health care providers; health plans; the Women, Infants, and Children (WIC) program; schools; and other agencies concerned with health to help ensure that New York City residents receive all required immunizations and are protected from vaccine-preventable diseases.

- Health care providers can quickly look up their patients in the Web-based online registry to see which immunizations were given in the past and which immunizations are currently due. This helps to reduce “missed opportunities” to immunize and avoids unnecessary immunizations. Providers may also generate an official, printed immunization record to give to a patient or parent, the patient's chart or print out a Child & Adolescent Health Examination Form (CH205) or WIC Medical Referral Form with immunizations already pre-populated.
- The CIR works in partnership with the NYC Lead Poisoning Prevention Program. Providers can also look up a lead-test history for their patient or plan member in the online registry. The provider may also call the CIR at 1-212-676-2323 to request a patient's record. CIR staff will immediately fax the record to the provider's office.
- Individuals and parents, legal guardians, or custodians may get a free copy of their own or their child's immunization record from the NYC Department of Health and Mental Hygiene by calling the CIR at 1-212-676-2323 and completing a short application. This application is available online at www.nyc.gov/health/cir.

The CIR record is an official immunization record that may be presented to a health care provider, used for school, day care or camp entry, WIC screening, or given to an employer for documentation of immunization history.

Source: www.nyc.gov/html/doh/html/cir/a0b.html



IMPROVE YOUR PATIENTS' CARE WITH THE GUIDANCE OF THE MEDICARE STAR RATING SYSTEM

In order to arm members with the knowledge needed to make sound decisions about their health care, the Centers for Medicare & Medicaid Services (CMS) implemented a rating system that evaluates the relative quality of the private plans being offered to Medicare beneficiaries. Scored on a one- to five-star scale, with five stars representing the highest quality, members can use these ratings as a collective gauge of the quality of care, ease of access to care, provider responsiveness, and beneficiary approval of the plan. However, while these ratings were designed with members in mind, providers may also reap tremendous benefits from reviewing these scores and learning how to best help their Medicare patients receive improved customer service and quality care.

That's why it's important for our providers to familiarize themselves with the Medicare Star Rating System, as well as the important measures that will help improve our patients' care. Currently, the rating system exists for both Part C and Part D, focusing on a variety of quality and service metrics that result from the following sources:

- **Healthcare Effectiveness Data and Information Set (HEDIS®):** One of the most widely used set of health care performance measures in the United States, these scores are derived from the combination of the administratively compliant members and the medical record review compliant members.
 - **Key HEDIS Measures:**
 - ◊ Breast Cancer Screening
 - ◊ Colorectal Cancer Screening
 - ◊ Cardiovascular Care
 - ◊ Diabetes Care
 - ◊ Glaucoma Testing
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS):** This program uses standardized surveys that ask patients to report on and evaluate their experiences with health care, including accessibility of services and their provider's communication skills.
 - **Key CAHPS Measures:**
 - ◊ Timely Access to Appointments and Care
 - ◊ Effective Communication
 - ◊ Annual Flu Vaccine
 - ◊ Customer Service
 - ◊ Overall Rating of Health Care Quality
- **Health Outcomes Survey (HOS):** Survey designed to evaluate physical and mental health, as well as quality of life, of Medicare beneficiaries currently enrolled in Medicare Advantage Plans; a follow-up survey is also conducted two years later.
 - **Key HOS Measures:**
 - ◊ Testing for Osteoporosis
 - ◊ Monitoring of Physical Activity
 - ◊ Improving or Maintaining Physical and Mental Health
 - ◊ Reducing the Risk of Falling
 - ◊ Improving Bladder Control

While the STARS ratings provide a tremendous benefit to members seeking exceptional medical care, it also serves as a reminder for you, as medical professionals, to never forget your primary goal: caring for your patients. Since WellCare's scores are tied to important HEDIS® initiatives such as the ones listed above, we may be able to improve our ratings simply by effectively serving our patients. Please keep these scores in mind as you work with our members.



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KEEP AN EYE ON GLAUCOMA

WellCare's provider partners can help to prevent or delay the problems caused by glaucoma, a leading cause of vision problems and blindness. The condition becomes more common in people ages 45 and older.

Early treatment with medicine, surgery or both, may prevent or delay the serious vision problems caused by glaucoma. Therefore, it is essential to ensure patients who are at risk are properly screened for increased intraocular pressure.

People are at an increased risk of developing glaucoma if:

- They are severely near-sighted
- They have diabetes mellitus
- They have a family history of glaucoma



IMPROVING THE HEALTH OF PATIENTS WHO USE DRUGS

Please take the following steps when dealing with patients who use drugs:

- Ask all patients about substance use, including drugs, alcohol and tobacco.
- Discuss health problems and risky behaviors that may be associated with drug use.
- Screen, vaccinate and treat patients who use drugs for infectious diseases, physical health problems and mental-health issues commonly linked to drug use.
- Offer brief interventions for risky or harmful drug use and provide buprenorphine for treatment of opioid dependence.
- Refer patients to drug treatment and harm reduction programs when necessary.

IDENTIFYING SUBSTANCE USE

Some patients who inject drugs may have evidence of skin puncture (including track marks) or soft tissue infections (cellulitis, abscesses); intranasal users can have damage to the nasal mucosa or septum. However, most people who use drugs do not have physical signs of drug use.

ASKING ABOUT SUBSTANCE USE

Asking about substance use, including drugs, tobacco and alcohol, is an important component of eliciting a patient's medical history. Patients may be more comfortable answering questions about drug use when these questions are linked to the reason for their visit or to routine preventive health issues. Ask about drugs at the same time you ask about tobacco or alcohol use and in the same nonjudgmental tone.

Ask:

- What drugs or prescription medications have you ever used not as prescribed?
- In the past three months, have you used drugs or prescription medications not as prescribed? Many patients will not be willing to discuss their drug use during the first visit, and patterns of use may change; ask again at follow-up visits. Urine drug screening is not a substitute for asking patients about drug use. With the exception of marijuana, which may be detected in the urine for a month or more following use, a positive drug screen usually reflects only recent use (past few days or week). Be aware that commonly used assays do not test for all drugs and do not distinguish between prescription and illicit opioid use.

ASSESSING SUBSTANCE USE

Substance use can range from low to high risk. If patients answer “yes” to any recent drug use, screen them with the National Institute on Drug Abuse's Modified ASSIST (NIDA-Modified ASSIST), available at www.drugabuse.gov/nidamed/screening, to characterize the risk level of an individual's pattern of substance use (drugs, tobacco and alcohol). Classifying a patient's drug use as low, moderate or high risk will help guide your subsequent intervention. A full drug-use and treatment history will inform your discussion about risks of use and options for treatment.

Ask all patients who report drug use in the past three months about:

1. Drug-use history: *Which drugs? Including amount, frequency, route of administration and duration?*

Use of more than one drug is the norm rather than the exception. Using substances like opioids (heroin or prescription opioids) or cocaine on a daily or almost-daily basis almost always meets criteria for dependence.

2. Behavioral risk assessment: *Have you ever injected any drug, overdosed or had a near overdose?*

3. *How do drugs affect choices you make about sex (partners, condom use)?*

Prior overdose is the strongest predictor of subsequent overdose. Using such drugs as alcohol, cocaine and methamphetamine has been linked to high-risk sexual activity among HIV-infected patients in primary care.

4. Treatment history: *Have you ever been in drug treatment? If yes, what type of treatment? Was it helpful, and did you achieve a period of abstinence or reduced use?*

Additional information and resources are available at: www.nyc.gov/html/doh/downloads/pdf/chi/chi28-3.pdf.

