

PROTOCOL FOR DOMESTIC VIOLENCE REVISED

The New York State Office for the Prevention of Domestic Violence, and the New York State Department of Health recently released revisions to the medical and legal protocol for dealing with victims of domestic violence. The new protocol can be found at http://www.opdv.state.ny.us/health_humsvc/health/protocol/identification.html.

Domestic violence is a health care problem of pandemic proportion with far reaching implications. Women in the United States make more than 700,000 visits to the health care providers each year as a result of injuries due to physical assault. This huge number does not even include the encounters for the treatment of numerous chronic health problems exacerbated by domestic violence such as depression, substance abuse and hypertension.

Women in the United States make more than 700,000 visits to the health care system per year as a result of injuries due to physical assault.

Many patients' encounters result in only the presenting symptoms of injuries been treated, leaving the underlying cause of the problem unaddressed. Failing to identify domestic violence can result in incorrect diagnosis, costly unnecessary testing, increased utilization of health care services and hospitalizations, and most importantly, the return of women and children to unsafe homes.

Providers are often reluctant to screen for domestic violence because they are unsure of what to do if a woman discloses that she's been the victim of domestic violence. The good news is that you don't have to be an expert and the referral does not take a lot of time. There are domestic violence service providers in every county in New York who can speak with the patient and provide the support she needs. To locate the provider in your county, please go to http://www.opdv.state.ny.us/health_humsvc/health.

WellCare providers may call the Case Management Department at 1-800-351-8777, ext. 3572 to speak to the Domestic Violence Coordinator for assistance.

Source: State of New York, Office for the Prevention of Domestic Violence, www.opdv.state.ny.us.

THE QUITLINE HAS YOUR A'S COVERED

The New York State Smokers' Quitline is a free and confidential program providing evidence-based stop smoking services to New York residents who want to stop smoking or using other forms of tobacco. The Quitline offers Health Care Providers an effective and efficient way to help tobacco-using patients stop smoking.

Trained specialists will screen patients for FREE Nicotine Replacement Therapy (NRT) and provide cessation counseling. Eligible patients will receive NRT in the mail and an additional counseling call. Health Care Providers will receive a patient progress report.

Providers can fax refer patients or "prescribe" patients to call the Quitline number. Patient referral forms and Quitline RX pads available by calling 1-866-NY-QUITS (1-866-697-8487). FREE Quitline services for providers include office materials such as

cessation guides, posters and Quitline handout cards. The Provider Quit Kit includes office materials, Fax To-Quit program forms, materials order form and more.

Public Health Service Clinical Practice Guidelines recommend providers:

ASK about their tobacco use

ADVISE to quit

ASSESS for willingness to quit

ASSIST in a quit attempt

ARRANGE for follow-up

You Ask and Advise and the Quitline Does the Rest.

Send your tobacco-using patients to the Quitline and they will Assess, Assist and Arrange.

Source: www.nysmokefree.com.

MEMBERS ENCOURAGED TO GET ANNUAL EYE EXAMS



Please have your patients get an annual eye examination. WellCare contracts with Block Vision for vision care services. It is WellCare's goal for every member to receive a wellness eye exam annually. If your patients have not already

received their annual exam, please remind them to schedule an appointment today. Members may contact Block Vision at 1-800-879-6901.

WELLCARE COVERS ANNUAL DENTAL VISITS

Good dental health, including annual dental visits is important to overall health and well-being. Providers should inform all patients ages two and older of the benefit to receiving regular dental checkups.

WellCare Medicaid members can receive dental services at any participating Medicaid dentist. Dental benefits for Family Health Plus, Child Health Plus and Medicare members are administered through Healthplex.

Healthplex allows for a strong primary care relationship between each member and their dentist. 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 all patients to call their dentist today to schedule an annual dental visit.

LABCORP-WELLCARE: A LONGSTANDING PARTNERSHIP

WellCare partners with LabCorp to provide laboratory testing services for its members. If you obtain specimens in your office, please make arrangements for its pickup and testing with LabCorp. Call them today to open your free account and arrange for a personalized specimen collection schedule. The dedicated provider setup phone number is 1-800-788-9091, Ext. x3603.

In addition, LabCorp has more than 60 Patient Service Center locations in New York to provide prompt collection of specimens. The current list of locations is available at <http://www.labcorp.com/psc/index.html>. LabCorp: 1-800-788-9091 (NYC), or 1-800-631-5250 (UPSTATE).

NY3121005

PROVIDER FOCUS



NEW YORK • FALL/WINTER • 2005

FLU VACCINE IMPORTANT FOR HIGH RISK MEMBERS

The most effective method to safeguard our members against the flu virus, particularly those who are high risk, is vaccination. To ensure that those most in need receive a flu vaccination, the Centers for Disease Control and Prevention (CDC) has suggested the following prioritization:

- Persons aged ≥ 65 years with co-morbid conditions
- Residents of long term care facilities
- Persons aged 2 to 64 years with co-morbid conditions
- Persons aged ≥ 65 without co-morbid conditions
- Children aged 6 to 23 months
- Pregnant women
- Health care personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged < 6 months



Source: Centers for Disease Control and Prevention.

CHIROPRACTIC BENEFIT AVAILABLE FOR MEDICARE MEMBERS

WellCare's Medicare members can take advantage of a chiropractic benefit. Please refer Medicare Members who might benefit from chiropractic intervention to alleviate pain and or discomfort to Access Managed Health Care. Chiropractic care should be coordinated through the primary care provider and requires a referral. The Primary Care Provider, or the member can call Access Managed Health Care at 1-800-789-2642 to receive authorization with a participating chiropractor.

SEND US YOUR FEEDBACK

WellCare's Provider Relations department would like to hear from you. Please e-mail us at nypr@wellcare.com with your comments, requests and suggestions.

Use nypr@wellcare.com to request forms, quick reference guides, establish onsite marketing or refer colleagues.

IN THIS ISSUE

Useful ICD-9-CM Coding Rules p2

Many Americans Don't Know They Have Diabetes p2

State Mandates New Family Health Plus Co-payments p3

Avoid Missed Opportunities to Identify and Treat Chlamydia p4

Improving the Quality of the Postpartum Care Visit p4

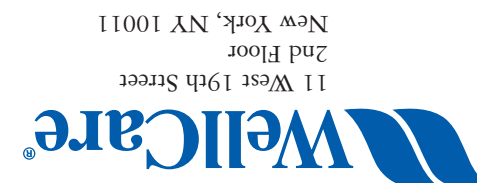
Protocol For Domestic Violence Revised p5

The Quitline Has Your A's Covered p5

Members Encouraged to Get Annual Eye Exams p6

WellCare Covers Annual Dental Visits p6

Labcorp-WellCare: A Longstanding Partnership p6





USEFUL ICD-9-CM CODING RULES

For more than 15 years healthcare professionals have been required to include ICD-9-CM codes on their Medicare claim forms. Here are two useful coding rules:

LEVEL OF DETAIL

The ICD-9-CM system is composed of codes with three, four, or five digits. A three-digit code is to be used only if it is not further subdivided. Where fourth-digit subcategories and/or fifth-digit sub-classifications are provided, they must be assigned. A code is

invalid if it has not been coded to the full number of digits required for that code.

RULE OUT DIAGNOSES

There are no “Rule Out” codes per se in the ICD-9-CM coding system. If your diagnostic statement is “Rule Out Breast Carcinoma” and you use the code 174.9, malignant neoplasm of female breast, unspecified, the code definition does not state “Rule Out.” Therefore, the insurance carrier processes the code 174.9 as is, which results in the patient having an insurance history of breast cancer. To avoid what could become a problem for you and your patient (including the potential of litigation), you should use codes for signs and symptoms in these cases.

For example, use code 611.72 Lump or Mass in Breast, or 611.71 Mastodynia (breast pain) if these symptoms exist and this is the highest degree of certainty you can code to. If the patient is asymptomatic but there is a family history of breast cancer then you should

consider using a V-code, such as V16.3 Family History of Malignant Neoplasm, Breast, as your diagnosis code. There are also V-codes to indicate screening for a particular illness or disease. In the above example, code V76.1 Special Screening for Malignant Neoplasm, Breast, could also have been used. It is important to note that when you use a screening code from the V-code section you should also code signs and symptoms.

DID YOU KNOW?

- ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) codes are revised approximately every 10 years by the World Health Organization (WHO) and annual updates are published by the Center for Medicare & Medicaid Services (CMS).
- The ICD-9-CM codes are available in hard copy and CD-ROM formats.

Source: Adapted from PMIC 2005 ICD-9-CM edition.

MANY AMERICANS DON'T KNOW THEY HAVE DIABETES

An Oct. 27 *Wall Street Journal* article pointed out that approximately 21 million Americans have diabetes; the majority with Type II which is associated with poor dietary habits, inadequate exercise and being overweight. Over six million people don't know they have this condition.

Type-II diabetes is the 6th -leading cause of death in the U.S. and can lead to many other diseases. It is a leading cause of adult blindness, lower extremity amputations, kidney failure

and peripheral nerve damage and more than 60 percent of diabetics ultimately die from a myocardial infarction or CVA.

Timely testing of a fasting glucose level in patients with risk factors for diabetes and/or symptoms suggestive of the new onset of diabetes can lead to both the early detection and initiation of measures to bring about satisfactory glycemic control.

Please use LabCorp, our vendor for laboratory services, for processing blood and urine specimens needed to evaluate members with suspected and confirmed cases of diabetes.

Source: *Wall Street Journal*, October 27, 2005.



STATE MANDATES NEW FAMILY HEALTH PLUS CO-PAYMENTS

Effective Sept. 1, Family Health Plus (FHPlus) enrollees will be responsible for making co-payments for certain medical care and services, as outlined below. WellCare will implement these New York State mandated FHPlus co-payments which providers will be responsible for collecting from patients.

Note: FHPlus has no annual cap on co-payments, other than for dental services (see chart below).

SERVICE	AMOUNT	DETAILS ABOUT CO-PAY	NO CO-PAYMENT FOR THESE SERVICES
Physician Visits	\$5.00	Co-pay for each non-emergency visit	Emergency services
Clinic Visits	\$5.00	Outpatient clinics in hospitals or freestanding clinics such as community health centers	Mental health clinics, family planning/prenatal services, chemical dependence clinics, MR/DD clinics
Brand Name Prescription Drugs	\$6.00	One co-payment for each new prescription and for each refill	Drugs to treat mental illness (psychotropics), birth control, tuberculosis drugs
Generic Prescription Drugs	\$3.00	One co-payment for each new prescription and for each refill	Drugs to treat mental illness (psychotropics), birth control, tuberculosis drugs
Over-the-Counter Medications (OTC)	\$0.50	Covered OTCs - smoking cessation (e.g.: patches, gum), insulin	No other OTCs are covered by FHPlus
Medical Supplies	\$1.00	Covered supplies – diabetesmanagement supplies (e.g.: test strips, glucose monitor, lancets, syringes), enteral formulae and hearing aid batteries	No other supplies are covered by FHPlus
Lab Tests	\$0.50	One co-payment for each laboratory test	Pregnancy or prenatal tests, laboratory services related to emergencies
Radiology Services	\$1.00	Radiology services, including diagnostic radiology, ultrasound, nuclear medicine and radiation oncology services	Radiology services related to emergencies
Inpatient Hospital Stay	\$25.00	One \$25 co-payment for each hospitalization of any length involving at least one overnight stay	Hospital stays for childbirth, miscarriage, family planning services, prenatal care or an emergency condition
Emergency Room	\$3.00	Only for non urgent or non-emergency services	Urgent or emergency services
Dental Visits	\$5.00	Co-pay for each non emergency visit, but only up to \$25 a year	Emergency services, non emergency visits once the \$25 cap has been met

The following people are exempt from making co-payments:

- People who state they cannot afford to pay. Health care providers have an obligation to provide services regardless of the patient's ability to pay co-payments.
- People under 21 years of age.
- Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends.
- People obtaining family planning services, including prescription birth control.
- Permanent residents of a nursing home or community based residential facility.
- Residents of an Intermediate Care Facility for the Developmentally Disabled (ICF/DD).
- Residents of an Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) certified community residence.

AVOID MISSED OPPORTUNITIES TO IDENTIFY AND TREAT CHLAMYDIA

Most women infected with Chlamydia trachomatis have no symptoms of disease, thereby minimizing the chances they will seek care. Therefore, it is critical that clinicians seize opportunities to test women at risk for Chlamydia whenever possible. Any young woman under age 25 who is sexually active is at risk for chlamydial infection. In order to avoid missed opportunities to prevent the harmful consequences of untreated Chlamydia and to increase compliance with the HEDIS® Chlamydia testing measure, routine testing for Chlamydia should be provided for young women 16 to 25 years old who are seeking care for any of the following reasons:

- She suspects she is pregnant.
- She has a history of any sexually transmitted disease.
- She is seeking contraceptive services.
- She is seeking gynecological services.
- She has indicated that she has been sexually assaulted or abused.
- She indirectly indicates that she may have had sexual relations.

Upon recognizing a young woman is at risk, clinicians should:

- Provide appropriate STD prevention counseling, and
- 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 reinfection does not occur. It is



IMPROVING THE QUALITY OF THE POSTPARTUM CARE VISIT

The postpartum care visit is a valuable opportunity for the clinician to encourage health promotion to benefit both mother and infant. A study conducted by IPRO* on behalf of the New York State Department of Health released in September of 2004, examined assessment of the psychosocial and nutritional needs, family planning, alcohol, drug and tobacco use and exposure to secondhand smoke in

women who had a postpartum visit within sixty days of delivery.

Only 58 percent of all women who delivered had a postpartum care visit. The study's findings raise concerns regarding the number of patients who receive a postpartum visit as well as regarding the quality of the visit. While 81 percent of women received appropriate medical assessment, only 74 percent received family planning counseling. Psychosocial needs were assessed in 25 percent and nutritional needs were assessed in 28 percent of women. Fewer than 25 percent were assessed for substance abuse.

Exposure of mother and child to tobacco and secondhand smoke was assessed in less than one percent of cases. A study conducted by WellCare in 2004 produced similar results to the findings of the IPRO study.

important that the patient understand the likelihood that she will be reinfected unless all of her sex partners are free of chlamydial infection. The American Social Health Association (ASHA) publishes a series of brochures on women's health, counseling and preventing STDs. Visit www.ashastd.org for details.

The NYC Health Department provides free and confidential STD clinics to the public (for non-enrolled sexual and needle sharing partners). Clinic locations, phone numbers, and hours of operation may be found at www.nyc.gov/html/doh/html/std/std2.s.html. 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."

What obstetric providers can do to improve the rate and the quality of the postpartum care visit?

- Assess the adequacy of postpartum care follow-up
- Schedule postpartum visits prior to discharge from the hospital
- Schedule postpartum care visit to occur between 21 and 56 days post delivery
- Include psychosocial, nutritional, substance abuse and exposure to tobacco and secondhand smoke assessment in your postpartum protocols
- Ensure documentation of assessments in the medical record
- Include recommendation for F/U with pediatric provider at the postpartum care visit

Source: IPRO* is an independent, not-for-profit corporation committed to assessing and improving the value of health care services received by consumers through the use of innovative methods and technologies.