



PROVIDER

Newsletter

HELP SWAT THE FLU BUG

DIRECT MEMBERS TO GET INFLUENZA VACCINATIONS

Influenza season is on the way, and the Plan encourages providers to help make sure that all members take the necessary precautions by getting the influenza vaccination.

Vaccination, historically an underutilized benefit, is the most effective method to safeguard members against the flu. The Centers for Disease Control and Prevention (CDC) suggests that the following groups get vaccinated every year:

- All children ages 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
 - Health care workers
 - Household contacts of persons at high risk for complications from the flu
 - Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Providers who administer the vaccine in their offices will be reimbursed for administering the flu vaccine based on their contractual agreement with the Plan, medical group and/or IPA.

Beginning in October, providers and members can call **1-866-WHI-FLU1 (1-866-944-3581)** to find a Walgreens pharmacy or clinic location in their area that will provide the flu vaccination at no charge to Plan members.

Please contact your local Provider Relations representative with any questions.

SUBMIT AUTHORIZATIONS ONLINE!

ENHANCED FUNCTIONALITY SAVES YOU TIME

WellCare is striving to relieve administrative burden through enhanced Web site functionality.

All participating providers have the ability to:

- Use the Lookup Provider/Member Tool to find provider and member IDs;
- Select from an automatic list of diagnosis and procedure codes;
- Attach clinical documentation;
- Receive instant communication sent directly to their Inbox—complete with the authorization number and status of the request—that can be included in the member's record;
- Print and/or save the authorization form from the Web site.

Inside this newsletter, you will find step-by-step instructions on how to submit authorizations online. We encourage you to post this job aid in your office for quick access.

If you have any questions, please contact your provider relations representative, or call our Customer Service department at **1-800-288-5441**.



EDUCATE CAREGIVERS FOR CHILD SAFETY

WellCare advises pediatric providers 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 that 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

Discuss bed sharing when speaking to parents and caregivers about infant safety. 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. Ideally, 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/sesa-ndx.htm and www.aap.org/family/carseatguide.htm. State law now specifies federally approved car seats for children up to seven years old (formerly four 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

Source: New York City Department of Health and Mental Hygiene

CHILD FIND: TRACKING AT-RISK CHILDREN

The Child Find program helps families with at-risk children find pediatric Medicaid and Child Health Plus health care providers and encourages them to re-engage their children in routine medical care. This program works with pediatric health care and daycare facilities to support routine care, and it offers periodic screening with Ages & Stages Questionnaires (ASQ).

WellCare advises that at-risk children with no suspected developmental delays from birth through two years of age be referred to the program.

THE NYC EARLY-INTERVENTION PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DELAYS AND DIAGNOSED DEVELOPMENTAL CONDITIONS

This program evaluates children with suspected and diagnosed developmental conditions and helps coordinate services (case management) and interventions for eligible children.

Providers who strongly suspect that one of their patients ages birth to two years old might have a developmental delay or who have patients that have been diagnosed with

developmental delay are advised to refer those patients to this program.

The program offers service coordination; multidisciplinary evaluations; an Individual Family Service Plan; developmental services like speech therapy, occupational therapy, physical therapy and special instruction; and family-support services for children who are determined to be eligible after evaluation.

To refer pediatric patients, please 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.

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

Information and referral forms are located at: home2.nyc.gov/html/doh/html/earlyint/earlyint.shtml.

UNIVERSAL REPORTING FORM

The Universal Reporting Form (URF) should be used to report all diseases and conditions previously reported on the 395V/VDH341 (report of communicable/sexually transmitted diseases) and TB76 (for reporting tuberculosis).

Diseases requiring the URF include:

- Communicable diseases as listed in the section entitled "Disease (code) with Special Instructions" (Pages 1 and 2 of the URF)
- Poisoning cases as listed in the section "Poisoning" (Page 2 of the URF)
- Sexually transmitted diseases as listed in the section "Sexually Transmitted Diseases" (Page 2 of the URF)
- Tuberculosis, as listed in "Tuberculosis" (Page 2 of the URF)

This form does not replace any other New York City Department of Health and Mental Hygiene forms.

To order URFs, call the Provider Access Line at 1-866-NYC-DOHI, or download the forms at www.nyc.gov/html/doh/downloads/pdf/hcp/urf-0803.pdf.

Source: New York City Department of Health and Mental Hygiene.

NYC CLINICAL GUIDELINES UPDATE

HELP RECOGNIZE AND TREAT 9/11-RELATED CONDITIONS

The New York City Health Department recently released updated clinical guidelines for health care providers on how to treat adults exposed to the World Trade Center disaster. The guidelines were written and reviewed in collaboration with external medical experts and other clinical advisors. Drafts were also shared with the WTC Health Registry's labor and community advisory committees for input.

Access the guidelines at www.nyc.gov/html/doh/downloads/pdf/chi/chi27-6.pdf.

IDENTIFYING DOMESTIC VIOLENCE

Health care providers are commonly the first people called upon for help by domestic violence victims, yet most cases either remain unrecognized or do not receive safe and timely intervention. In order to provide the most effective care to victims, all health care providers are advised to be aware of the clinical indicators associated with domestic violence in same-sex as well as heterosexual partnerships.

CLINICAL INDICATOR

Assess for patterns of injuries:

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

Compare the victim's explanation with the actual injuries—the injuries may be inconsistent with the patient's or partner's explanation (e.g., the patient may claim to have fallen, however the injuries are not consistent with a fall).

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 and the New York State Department of Health have published a medical and legal protocol for dealing with victims of domestic abuse. The protocol may be found at www.opdv.state.ny.us/health_humsvc/health_protocol/identification.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.

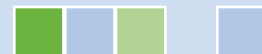
WellCare Domestic Violence Coordinator
1-866-653-0980

New York State Adult Domestic 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

Violence Intervention Program
1-212-410-9080

TRIAD IS OUR CHIROPRACTIC PARTNER

Triad Healthcare, Inc., is WellCare's chiropractic partner. Please direct your WellCare Medicare members to call Triad Healthcare at 1-800-409-9081 to find a chiropractor in their area.



WELLCARE SPECIALTY PHARMACY

WellCare's Specialty Pharmacy was established in 2007 in response to the growing number of high-tech medications to help patients with advanced needs.

HOW THE SPECIALTY PHARMACY BENEFITS YOU AND YOUR PATIENTS:

- Focuses on patients who need clinical assistance with medications that require special handling and care;
- Promotes convenience and compassion for the patients you serve; and
- Provides up-to-date information on the latest specialty medications available.

WHAT THE SPECIALTY PHARMACY DOES:

- Provides medications, i.e. biopharmaceuticals, for patients with chronic illnesses; traditional retail pharmacies typically do not stock these medications because of their high cost and need for sensitive handling and storage.
- Ships medications of this type directly to the patient's home or physician's office.

- Covers the following diseases: AIDS/HIV, Hemophilia, Oncology (Oral and Injectable), Growth Hormone Disorders, Arthritis, Cystic Fibrosis, COPD, Hepatitis and Immune Deficiency.

SERVICE TO OUR PROVIDERS:

WellCare helps your office by:

- Guiding you to obtain any necessary authorizations and handling any prior-authorization issues;
- Helping to verify that co-payments are billed accurately to patients;
- Providing prompt, efficient service. Requests approved by 3pm are shipped FedEx overnight next day or by a local courier;
- Answering questions regarding patient's medication therapy, which reduces medication-related telephone calls to your office.

The WellCare Specialty Pharmacy team is available to help you. Please contact this team if you have any questions or need additional information.

WellCare Specialty Pharmacy Team

Telephone: 1-866-458-9246

TTY/TDD: 1-888-505-1195

Fax: 1-866-458-9245

E-mail: WSP@wellcare.com

Address: 6015 Benjamin Road, Suite 302

Tampa, FL 33634

Business Hours: Monday–Friday, 8am to 6pm Eastern
24-hour emergency service is available for patients.

PRIOR AUTHORIZATION ADDS EFFICIENCY

Prior authorization, the process of obtaining approval in advance of a planned inpatient admission or rendering of an outpatient service, allows for efficient use of covered health care services and helps members receive the most appropriate level of care within the most appropriate setting. Prior authorization may be obtained by the member's PCP or treating specialist.

WellCare makes authorization decisions based on the clinical information provided with a request. The Plan may request additional information that may include a medical record review.

Prior authorization is **required** for elective/non-urgent services as designated by the Plan.

Guidelines for prior-authorization requirements by service type and/or code are available by calling the plan or by referring to the **Quick Reference Guide** found in the Providers area of the Web site at www.wellcare.com.

FOCUS ON FAMILY PLANNING

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.

For information on reproductive health and family planning, see the American College of Obstetrics and Gynecology Web site, 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 Information Center, www.4woman.gov.
- Planned Parenthood Federation of America, www.plannedparenthood.org/health.
- Emergency Contraceptive Web site, www.not-2-late.com.

Source: NYCDOHMH Compendium

CITYWIDE IMMUNIZATION REGISTRY

The Citywide Immunization Registry (CIR) collects New York City’s pediatric immunization records and makes them available to parents and health care providers.

ABOUT REPORTING

As of August 18, 2005, the New York City Health Code requires providers to report immunizations given to all people under 19 years of age and allows for reporting of immunizations given to people 19 years of age and older, with patient consent.*

- Report past immunizations given by other physicians the first time you vaccinate a child unless you know that these immunizations have already been reported.
- Report the immunization event to the CIR within 14 days of vaccine administration.

- Records are confidential. Identifying information about a child, apart from what the health care provider already has, will not be released.

REPORTING FORMS

The CIR provides reporting forms and formatted bar-code stickers. Forms may be ordered from, and completed forms should be mailed to: New York Citywide Immunization Registry
P.O. Box 90490
Binghamton, NY 13902

For more information on reporting options, including forms and technical assistance, call the CIR at 1-212-676-2323. The CIR fax number is 1-212-676-2314.

**City Health Code section 11.04 and subsection (d) of section 11.07 mandate that physicians, nurse practitioners and physician assistants who order the administration of immunizations for any individual age 18 years and younger in New York City must report to the CIR within 14 days of administration.*

LEAD POISONING PREVENTION

WellCare encourages lead testing to help ensure childhood wellness.

Most children with elevated blood lead levels exhibit no symptoms. Early detection of a child's elevated blood lead level permits timely identification of possible lead hazards in order to prevent further elevation of child's blood lead level.

Since 1993, New York State law has mandated that medical providers screen all children for lead poisoning at one and two years of age and assess risks (at least annually) to determine the need for a blood lead screen for any child between the ages of six months and six years.

FOR PEDIATRIC PATIENTS

- Educate parents annually on how to prevent lead exposure.
- Test all children at ages one and two and other children at risk of lead exposure.
- Assess children up to six years old annually for risk of lead exposure.

FOR OBSTETRIC PATIENTS

- Educate all pregnant women on how to prevent lead exposure.
- Test pregnant women at risk of lead exposure.
- Assess all pregnant women for risk of lead exposure at the first prenatal visit.

RESOURCES AND ADDITIONAL INFORMATION FOR HEALTH CARE PROVIDERS

The Physician's Handbook on Childhood Lead Poisoning Prevention is located at the New York State Department of Health Web site at www.health.state.ny.us/environmental/lead/handbook/phpref.htm.

NEW YORK STATE HEALTH DEPARTMENT CONTACTS

Childhood Lead Poisoning Prevention Program, Bureau of Child & Adolescent Health: 1-518-473-4602.

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- Patient educational materials on lead poisoning prevention are at www.nyc.gov/lead, or by calling 311 and asking for the BAN-LEAD information line.
- Call 1-212-676-6100 to request a telephone consultation with a DOHMH physician about a lead-poisoned child or pregnant woman.
- Report BLLs $\geq 10\mu\text{g}/\text{dL}$ within 24 hours:
 - Pregnant women BLL results, fax to 1-212-676-6188 or call 1-212-676-6379.
 - Children BLL results, fax to 1-212-676-6326 or call 1-212-676-6158.
- Access the DOHMH online registry at www.nyc.gov/html/doh/html/cir/a01.html to check children's blood lead and immunization records. Call 1-212-676-2323 to obtain a user ID and password.

Source: New York City Department of Health and Mental Hygiene.

UPDATED PROVIDER MANUAL AVAILABLE ONLINE

WellCare's updated Provider Manual and other useful information and tools are available at www.wellcare.com.

1. Select *Providers* on the menu bar.
2. Log in by entering your username and password.
3. Choose *Resources*, then *Provider Manual*.

If you are not registered, visit www.wellcare.com and click on the *Providers* tab followed by *Register*. To receive a hard copy of the Provider Manual, please call your Provider Relations Representative, or e-mail your request to nypr@wellcare.com.



LIFESTYLE COUNSELING IS VITAL FOR ALL

WellCare encourages providers to counsel all patients to eat a healthy diet and to get at least 30 minutes of moderate-intensity physical activity at least five days a week, preferably every day.

Physical activity and healthy eating decrease risks for chronic disease, regardless of weight or weight loss.

Weight management tips for patients include:

- Avoid high-calorie beverages, including juice
- Eat less fast food
- Eat more fruits and vegetables
- Limit portion sizes
- Incorporate physical activity into daily life

PHYSICAL ACTIVITY

Regular physical activity plays an important role in weight loss and maintenance, increases cardiorespiratory fitness and may decrease abdominal fat. Patients can significantly decrease risk of chronic diseases with consistent moderate to vigorous physical activity. Physical activity plans may be prescribed on a prescription pad to convey their importance.

Evaluate patients with high-risk conditions like diabetes, cardiovascular disease, stroke and uncontrolled hypertension to determine an appropriate exercise program. The decision to order exercise testing should be based on a patient's age, symptoms and concomitant risk factors.

Indications for exercise testing include:

- Known cardiovascular disease, including cardiac disease, peripheral vascular disease, and cerebrovascular disease;
- Known heart murmur;
- Known pulmonary disease, including chronic obstructive pulmonary disease, asthma, interstitial lung disease and cystic fibrosis;
- Known metabolic disease, including type 1 or type 2 diabetes, thyroid disorders and renal or liver disease;
- One or more signs or symptoms suggestive of cardiovascular and pulmonary disease, including pain (or any other anginal equivalent) in the chest, neck, jaw or arms that may be from ischemia; shortness

of breath at rest or with mild exertion; syncope; orthopnea or paroxysmal nocturnal dyspnea; ankle edema; palpitations or tachycardia; intermittent claudication; and unusual fatigue or shortness of breath with usual activities

At least 30 minutes of moderate-intensity physical activity is recommended a minimum of five days a week, preferably every day. For many patients, this level of activity may not be enough to produce significant weight loss and prevent weight regain. For these patients, recommend at least 40 to 60 minutes of moderate- to vigorous-intensity activity five or more days a week. Work with each patient to find a physical activity level that achieves weight control. Daily physical activity does not have to be accomplished all at once. Accumulating activity in 10-minute segments results in health benefits.

DIETARY CHANGE

Adherence to a reduced-calorie diet is essential to weight loss. A reduction of 500 to 1,000 calories per day will result in a loss of one to two pounds per week. For women, this often means a diet containing 1,000 to 1,200 calories per day, while for men, this means 1,200 to 1,600 calories per day.

It may be helpful to have patients keep a food diary for a few days so that you can identify areas where they may cut back.

Common sources of extra calories include:

- High-calorie beverages (non-diet soda, sugar- and fat-laden coffee drinks, fruit drinks and juices, "energy" drinks, alcoholic beverages);
- High-fat and/or high-calorie foods ("fast food," deep-fried foods, chips, cookies, candy, bagels);
- Large portion sizes (restaurant meals, for example).

Addressing simple issues like beverage choice can be an important first step. If appropriate, refer patients to a dietitian for more in-depth dietary counseling and support.

Source: www.nyc.gov/html/doh/downloads/pdf/chi/chi26-4.pdf

ROUTINE CHLAMYDIA TESTING FOR THOSE AT RISK

Any sexually active young woman under 25 is at risk for chlamydial infection.

Most women infected with *Chlamydia trachomatis* display no symptoms, minimizing the chances they will seek care. Therefore, it is critical 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 HEDIS® chlamydia testing measure, routine testing for chlamydia should be provided for young women 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 young woman is at risk, clinicians should:

- Provide appropriate STD prevention counseling

- Set up a reminder system in the patient's chart routinely testing 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 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, phone numbers, and hours of operation may be found at 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."

LABCORP IS OUR TESTING PARTNER

For many years, WellCare has partnered with LabCorp to provide laboratory testing services to its members. WellCare providers who draw specimens in the office must make arrangements with LabCorp for pickup and testing.

Call LabCorp today at 1-800-788-9091 (Upstate: 1-800-631-5250) to open your free account and to arrange a personalized collection schedule.

For a current list of LabCorp locations, go to www.labcorp.com/psc/index.html.



TREAT ACUTE PHARYNGITIS PROPERLY

WellCare advises physicians to follow standards of care for acute pharyngitis.

Acute pharyngitis is one of the most common presenting complaints in pediatrics, resulting in millions of provider office visits each year. There is well-documented poor compliance with the delivery of the standard of care for this condition, which includes the recommended pre-treatment evaluation and the pharmaceutical management of pharyngitis.

Because the clinical findings cannot reliably differentiate streptococcal from viral pharyngitis, there is a potential tendency to overestimate the probability of a streptococcal infection based solely on the history and physical examination. The American Pediatric Association recommends that the diagnostic testing should include a throat culture or an antigen-detection test with throat-culture back-up. The widespread availability of accurate, inexpensive, diagnostic tests for Group A streptococcal infections makes a diagnostic strategy of in-office antigen-detection testing and/or culture for all children with suspected streptococcal pharyngitis both efficient and cost-effective. Moreover, this recommended approach helps prevent the over-utilization of antibiotics.

According to the Institute for Clinical Systems Improvement (ICSI), there are significant potential cost savings in standardizing the diagnosis and treatment of acute pharyngitis. ICSI recently published a revision to the guidelines for Respiratory Illness in Children and Adults, which advises the following:

1. Diagnosis of Group A Beta-Streptococcal (GABS) pharyngitis should be made by laboratory testing rather than clinically.
2. Patients diagnosed with GABS pharyngitis should be treated with penicillin, or erythromycin if they are allergic to penicillin.
3. Patients who are diagnosed with GABS pharyngitis should be educated about strep-pharyngitis, including: (a) the importance of following the prescribed medication regimen, (b) the use of over-the-counter (OTC) “home” remedies to relieve symptoms, (c) the actions to take if symptoms worsen and (d) the importance of eliminating close contact with family members or visitors to the home while a GABS(+) patient is contagious.
4. If laboratory testing indicates that the sore throat is not caused by GABS, patients need to be educated on the ineffectiveness of antibiotic therapy, the use of home remedies to relieve symptoms and the actions to take if symptoms worsen.

WellCare’s participating providers are encouraged to use all guidelines as a framework for the evaluation and management of patients. Guidelines do not replace the need for sound clinical judgment, nor are they meant to establish an inflexible protocol for all patients with a particular condition.

Providers conducting the in-office Rapid Strep Test should use CPT code 87880 and submit claims for adjudication through the usual channels. Questions may be directed to Provider Services at **1-800-288-5441**.

Source: Institute for Clinical Systems Improvement, www.icsi.org/respiratory_illness_in_children_and_adults_guideline_/respiratory_illness_in_children_and_adults_guideline_13116.html

WELLCARE ENCOURAGES WELLNESS

WellCare is promoting wellness for all of our members with various interventions and initiatives addressed to health care providers and our members. This year we are focusing our quality improvement efforts on the topics listed on the adjacent chart and such important health issues as the comprehensive and effective management of diabetes, chlamydia screening and imaging-based screening for colorectal carcinoma and breast cancer.

WellCare asks that primary care physicians please ensure that members undergo all recommended age-appropriate preventative health care screenings and immunizations. They should also be offered age- and literacy-level-appropriate health, wellness and, when applicable, disease-specific educational materials.

Proper medical record documentation of care-management activities is a critical part of a high-quality office visit and increases compliance with these wellness initiatives.

Topic	Goal
Adolescent well-care visits	Perform at least one well-care visit in each calendar year
Adolescent depression	Document a screening for depression at least once a year (the use of the PHQ-2 or PHQ-9 form is recommended)
Adolescent BMI screening	Record members' BMI at least once per year
Childhood immunizations	4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV and 4 pneumococcal conjugate by age 2; administer other immunizations as are age-appropriate
Advising smokers to quit	For all patients that use tobacco products, provide smoking-cessation advice at least once a year and assess their readiness to quit at each office visit
Annual dental visit	Recommend one preventive dental visit per year
Follow-up after a hospitalization	Recommend an office visit with a behavioral health provider both seven and 30 days after any hospitalization for mental illness

DENTAL VISITS VITAL FOR EXPECTANT MOTHERS

Pregnancy is a dynamic phase during which an expectant mother should strive to remain as healthy as possible. This overall health should extend to her mouth.

Periodontal disease is a chronic, inflammatory and bone-destructive disease of the oral cavity, and providers are advised to remain on alert for its potential effects on pregnancy. A fetus' dentition begins forming as early as the 10th week of embryonic development. Some research suggests that the bacteria associated with periodontal disease cause a disruption in the development of the unborn child, while others believe it only affects the expectant mother. Regardless, complications in the oral cavity should not be ignored.

A common form of periodontal disease among pregnant patients is pregnancy-induced gingivitis, which occurs in about 50 percent of expectant mothers and is probably the most important thing a dental practitioner will look for during a prenatal dental visit.

Routine dental cleanings remove plaque that aggravates and inflames gum tissue, which has been shown to trigger preterm birth and low birth weight, making these cleanings vital for expectant mothers.

Information about Prenatal Oral Health is located on the New York State Department of Health Web site at www.health.state.ny.us/prevention/dental/prenatal_oral_health.htm.

Source: Healthplex Inc.

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. If your patients are not sure of their assigned primary care dentist, advise them to call Healthplex Customer Service at 1-800-468-9868.



WellCare of New York, Inc.
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New York, NY 10011

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GUIDE TO CUSTOMER SERVICE

WELLCARE'S J.D. POWER AND ASSOCIATES-RECOGNIZED CUSTOMER SERVICE DEPARTMENT IS HERE TO ASSIST YOU.

Following these four steps will provide you with the quickest path to the answers you need from our team.

1. Visit our Web site at www.wellcare.com.
2. Call the automated interactive voice response (IVR) telephone system. Telephone number: **1-800-288-5441**.
3. Speak with a Customer Service representative by calling the Provider Hotline at **1-800-288-5441**.
4. If you still need assistance, contact your local Provider Relations representative.

We are continuously enhancing these services and welcome your feedback. Please participate in the Customer Service surveys offered when you call the Provider Service Center. Your opinion and comments help us to improve our daily service delivery.





SAVE TIME AND RESOURCES!

HERE'S HOW TO SUBMIT AUTHORIZATION REQUESTS ONLINE

This easy and improved functionality will help relieve the burden on your staff and conserve paper by reducing repetitive faxing. If you have not already, register on our Web site today!

STEPS TO SUBMITTING AUTHORIZATION REQUESTS ON THE PROVIDER WEB

Step 1: Log in to the secured provider portal, www.wellcare.com, if you are a registered provider. You will be directed to the *Provider Home Page*.

You will have immediate access to *Check Eligibility*, *Check Authorization Status* or *Check Claim Status* directly from the *Provider Home Page*.

Step 2: You may submit an authorization request by clicking on the *Authorizations* tab at the top of the home page. Clicking this tab directs you to the *Authorizations/Certification* page.

Step 3: From the *Authorizations* page, click on the *Authorization Request* link.

Step 4: Enter the *Requesting Provider ID* (your Provider ID), or you can use the *Lookup Provider Tool* to find your Provider ID. Click *Next*. The information you input will be displayed at the top of the page.

Step 5: Select the member by entering the *Member ID*, or you can use the *Lookup Member Tool* to find the member. The member's date of birth is needed to use the lookup tool. Click *Next*.

Step 6: Select the *Place of Service* from the drop-down menu and enter the *number of visits*. Click *Next*.

The screenshot displays the WellCare Provider Portal interface. At the top, there is a navigation bar with links for Home, About Us, Contact Us, Careers, and Help. A search bar is located on the right side of the header. Below the header, the main content area is divided into several sections:

- Eligibility:** Includes a "Check Eligibility" section with a "Member ID" input field and a "Show Eligibility Copy" button.
- Claims:** Includes a "Check Claims Status" section with a "Find by" dropdown menu (set to "Provider ID"), a "Provider ID" input field, and a "Check Claim Status" button.
- Authorizations:** Includes a "Check Authorization Status" section with a "Find by" dropdown menu (set to "Provider ID"), a "Provider ID" input field, and a "Find Authorizations" button.
- Messages From WellCare:** Includes a "Provider News" section and a "Your Inbox" section with a message about a claim status report.
- Lookup Tools:** Includes a list of tools for Doctor, Hospital, Pharmacy, Other facilities/services, and Community Service Orgs. (FL only).
- Resources:** Includes sections for "Provider Resources" (New, Deleted, and Revised ICD-9-CM Codes, ICD-9-CM Official Guidelines for Coding and Reporting), "Pharmacy Services", and "How-to Instructions" (Submit an Authorization, Check Auth Status, Check Claim Status, Check Eligibility).

At the bottom of the page, there is a footer with links for "Provider Portal Overview", "Eligibility", "Authorizations", "Claims", "Reports", "Resources", and "Administration". The footer also includes the WellCare logo and copyright information: "© 2008 WellCare. All Rights Reserved."

Please note: System limitations may apply to the number of visits based on certain Place of Service selections. Your Place of Service selection will determine what you are prompted to enter later in the process (servicing physician, facility or both for surgeries).

Step 7: Enter the ICD-9 *Diagnosis Code(s)* or *Description(s)*. If you type in the first three to four characters of the diagnosis code or description, the system will display a list of options with those characters for you to choose from quickly. Simply click the option you would like to select. The primary diagnosis is required. You may enter up to three additional diagnosis codes or descriptions.

Please note: If you click the Previous button, you will return to the previous screen and can edit your selections without losing what you have already completed. Click Next to save changes and move forward again.

Requested visit(s): 1
Place of Service: 22 Outpatient Hospital Diag, Tests

*Required

Select The Diagnosis Code(s)

*Primary Diagnosis:	786
Diagnosis 2:	786.7 - Abnormal Chest Sounds
Diagnosis 3:	786.4 - Abnormal Sputum
Diagnosis 4:	786.03 - Apnea
	786.5 - Chest Pain
	786.04 - Cheyne Stokes Respiratn
	786.2 - Cough

Step 8: Enter the *Procedure Code(s)* or *Description(s)*. You may enter it in CPT code format. CPT 1 is required, but you may enter up to two more CPT codes. If you type in the first three to four characters for these codes, the list of options will appear again as described above. Click the code(s) you would like to select. Click *Next*.

Step 9: As your authorization information starts to fill up, you will need to scroll down to view next steps. Depending on your *Place of Service* selection, you may have to enter the *Servicing Provider* (treating provider) and the *Servicing Facility* (using Provider ID or Lookup Tool) and click *Next*.

Step 10: You can attach clinical documentation by clicking *Browse* and uploading those from your personal computer's Desktop or My Documents.

Step 11: You may also type in any relevant clinical information supporting your request in the text box.

Step 12: Enter the *Requestor Telephone* and *Requestor Fax* number in the required fields. The *Servicing Provider Fax* and *Facility Fax* are optional.

Step 13: Click *Submit* to process the authorization request.

Step 14: If approved, you will receive a thank-you message with an authorization number.

If not approved, you will receive a message explaining that a determination will be sent to the fax number provided in two to five business days.

Step 15: In either case, a copy of your authorization request will be sent to *Your Inbox* on the *Provider Home* page. Click the *Provider* tab to navigate to the home page. Your Inbox is located in the *Messages from WellCare* portlet.

Step 16: Click on the message to view it. Scroll down to *Click to Download* link to download the Authorization Form. This crisp and clean form will have all of the fields completed with what you submitted online and will have either the authorization number, or "pending," in the top right corner.

Step 17: We recommend you print this form and place it in the member's record. It will be easy to read and have all of the information needed to reference the authorization.

Log in to the Web site today to submit your authorizations online!