



OHIO | WINTER 2007

# PROVIDER

## Newsletter



## POISONOUS PLAYTIME

### LEAD POISONING ON THE RISE – TOYS TO BLAME?

WellCare of Ohio needs providers as partners to combat the threat of lead poisoning by ensuring that children are properly tested. Recent WellCare medical record audits show a poor compliance rate for the number of children tested.

#### Not “just one more test!”

Providers must perform blood lead testing for all young members. The only way to determine if a child has lead poisoning is to perform the blood test. Omitting the blood lead test is too dangerous. This simple test could save a child's life!

WellCare will provide additional diagnostic and treatment services to a child or adolescent diagnosed with an elevated blood lead level.

#### Parent/Guardian Education

WellCare also needs help in educating parents about the rise in lead poisoning risks. Physicians can help inform patients' parents or guardians about lead poisoning by:

- Sharing product recall alerts with parents and posting pictures or lists in office lobbies or waiting rooms.
- Encouraging parents or guardians to stay on track with their child health checkup appointments.

#### Risk Factors

Children between the ages of nine months and six years are at the highest risk for lead poisoning. Lead poisoning can affect nearly every system in the body, and it often occurs with no obvious symptoms. Lead poisoning is known to cause learning disabilities, behavioral problems, seizures, comas and, at very high levels, death.



#### Toy Recalls

The presence of lead in children's toys and jewelry is a dangerous threat affecting the nation.

In September, Mattel® recalled about 675,000 Barbie® accessory toys because of an excessive amount of lead in surface paint. These toys were manufactured in China and sold nationwide in retail stores.

In August, Fisher-Price®, in cooperation with the United States Consumer Product Safety Commission, recalled almost one million toys because of excessive lead levels found in surface paint. These toys were also manufactured in China and sold in retail stores nationwide. They included beloved children's character toys from Sesame Street® and Nickelodeon®.

Although toy companies have taken measures to test toys for lead and ensure safety, lead poisoning deriving from consumer products remains a threat.

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## HEALTHCHEK: KEEP KIDS ON TRACK TO WELLNESS

**It is a federal requirement that the Ohio Department of Job and Family Services (ODJFS) annually report the number of Early Periodic Screening, Diagnosis & Treatment (EPSDT) visits and referrals for follow-up/corrective treatment for Medicaid-eligible recipients ages birth–20 years.**

Each month, WellCare distributes a member listing to primary care providers (PCPs) to identify members on their panel that need child health checkup visits. In particular, we find that members who transition into the plan or from one PCP to another are most likely to miss some of their periodic health screens. Notice that a child may enter the periodicity schedule at any time and initial screening should be performed within **90 days** of enrollment. Newborns should have their first Healthchek screen within **24 hours** of birth.

The ODJFS Healthchek Program requires that providers schedule child health checkup visits for members who have not completed the recommended schedule (see next page); perform and document the required age appropriate components\*\*; and use the appropriate CPT codes and modifiers to receive proper credit for the visit. In the next column are resources that will be useful in completing these tasks with our Plan.

Should you have questions related to the Healthchek Program, please contact your Provider Relations representative or call our Provider Hotline at **1-800-951-7719**.

\*\*The required components of the child health checkup are detailed in the WellCare Provider Manual.

### HEALTHCHEK (EPSDT) SCREENING SERVICE CODES

Healthchek (EPSDT) screening visits shall be billed using the appropriate preventive medicine services code, reflecting a comprehensive preventive medicine evaluation and management, focusing on age and gender appropriate history, examination, anticipatory guidance and risk factor reduction interventions. For newborn patients, codes are 99431 (history and examination) and 99432 (normal newborn care). For new patients, codes are 99381 through 99385 (preventive medicine services); for established patients, codes are 99391 through 99395 (preventive medicine services). The evaluation and management codes are 99201 through 99205 (for new patients) and 99211 through 99215 (for established patients). These CPT-4 codes must be used in conjunction with codes V20–V20.2 and/or V70.0 and/or V70.3–70.9.

### HEALTHCHEK (EPSDT) SCREENING BILLING

Paper Claims – on field 24h:

- Use an “E” to indicate that a Healthchek visit was provided and no follow-up services were required.
- Use an “R” to indicate a Healthchek visit was provided and follow-up is required, and/or a referral was made.

Electronic Claims – on the 837 Professional claim transaction:

- Use the EPSDT referral feature in the 2300 claim information loop to indicate a Healthchek referral was made by placing a “Y” in the “Yes/No” condition or response code data element.

**\*CHILD HEALTH CHECKUP PERIODICITY SCHEDULE**

AGE	SCREENING	FREQUENCY
Newborn	“Newborn Screening”** (PKU, Sickle Cell, Hemoglobinopathies, Hypothyroidism, Galectosemia, Congenital Adrenal Hyperplasia)	Once
Birth–24 months old	Head Circumference	Routinely
Birth–20 years old	Height and Weight	Routinely
9–12 months old	Lead Testing*	Once
24 months old	Lead Testing	Once
Birth–24 months old	Hearing Testing	Routinely
3–20 years old	Hearing Testing	Periodically
Birth–24 months old	Eye Screening	Routinely
3–4 years old	Eye Screening	Periodically
11–20 years old	Eye Screening	Routinely
Younger than 3 years old	Dental Exam	Periodically

\*Newborn Screening and Lead testing recommendations above are consistent with the American Academy of Pediatrics and are individual functions of each state. For additional required screenings in your state, please consult your local Department of Health.

*References:*

*Clinical Preventive Services for Children and Adolescents (Birth to 18 years old) recommended by the U.S Preventive Services Task Force.*

*Ohio Department of Job and Family Services. (2007). Reporting Early Periodic Screening Diagnosis & Treatment (EPSDT) Referrals on Encounter Data. (ODJFS Publication No. ENQ-MCP-2007-8-30-PBS-ANH). Columbus, OH: U.S. Printed in-house.*

*The immunization schedule is a reprint of the Recommended Childhood and Adolescent Immunization Schedule United States – July–December 2004, approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip/default.htm>), The American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), and the American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)).*

*Legal Disclaimer:*

*These clinical preventive guidelines were developed to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. These guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. While they generally recommend preventive measures and timeframes, they are not presented as a substitute for the advice of the physician or other knowledgeable health care professional or provider service provider treating the patient. Individual patients may require different screenings and or treatments from those specified in a given guideline. Guidelines are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results. While guidelines can be written that take into account variations in clinical settings, resources, or common patient characteristics, they cannot address the unique needs of each patient nor the combination of resources available to a particular community or health care professional or provider. Deviations from suggested clinical prevention measures may be justified by individual circumstances. Thus, these prevention guidelines should be applied based on individual patient needs and are not a substitute for the professional medical judgment of the provider of care.*

# CULTURAL COMPETENCY MATTERS

Cultural competency is a key component of WellCare's continuous quality improvement efforts. WellCare partners with community organizations to promote cultural understanding and to meet the needs of our diverse population. Wherever possible, WellCare will pursue partnerships with national, state and local organizations dedicated to advancing both the broad interests and the health interests of groups that need culturally based supports. WellCare expects to realize tangible gains in member satisfaction and health outcomes resulting from the measures set forth in this plan.

The Plan seeks to ensure that our practitioners and providers fully recognize and care for the culturally diverse needs of the members they serve. WellCare continuously monitors its practitioner panel to track ethnicity and languages spoken in order to match identified member needs whenever possible.



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## 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 16–25 years old who are seeking care for any of the following reasons:

- Patient suspects she is pregnant.
  - Patient has a history of any sexually transmitted disease.
  - Patient is seeking contraceptive services.
  - Patient is seeking gynecological services.
  - Patient has indicated that she has been sexually assaulted or abused.
- 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 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 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](http://www.ashastd.org) for details.

*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."*



# 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

## Listen to the Victim's Explanation of Events

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.

For more information, contact the Ohio Domestic Violence Network at **1-800-934-9840**. Additional domestic violence resources are available on their Web site at [www.odvn.org](http://www.odvn.org).



## OHIO PHARMACY UPDATE

# VYVANSE HAS NO ADVANTAGE OVER OTHER PRODUCTS FOR ADHD

Vyvanse™ (lisdexamfetamine dimesylate), a created prodrug of *d*-amphetamine, was recently approved by the Food and Drug Administration (FDA) for treatment of attention deficit hyperactivity disorder (ADHD) in children. It was designed to have less potential than amphetamine for abuse, diversion and overdose toxicity. Similar to methylphenidate and the amphetamines, Vyvanse is still

classified as a Schedule II controlled substance. Studies currently show there is no evidence that Vyvanse offers any advantages over any other formulation of amphetamine for treatment of children with ADHD. Older drugs with better established dosages and safety records should still be preferred.

*Source: The Medical Letter July 16, 2007; (1265) pp. 58–59.*

## INFLUENZA SEASON BY THE NUMBERS

At least **226,000** people are hospitalized every year due to influenza.

Influenza kills **36,000** people on average each year in the U.S (mostly the elderly).

Close to **73 percent** of the U.S. population is included in one or more target groups identified by the Centers for Disease Control and Prevention (CDC) guidelines that should receive the vaccine.

During last season, close to **only a third** of this CDC target population received an influenza vaccination.

**Less than a third** of asthmatic children, already considered high-risk, actually receive a flu shot sometime over their entire lifespan.

Flu shots are **70 to 90 percent** effective in healthy people younger than age 65 (at times when a close match between circulating viruses and the vaccine is determined).

## LAW DELAYED REQUIRING TAMPER-PROOF MEDICAID PRESCRIPTION PADS

The October 1 deadline requiring pharmacists to reject prescriptions not written on tamper-resistant pads has currently been postponed until next April. The law was designed to make it difficult for patients to obtain controlled substances through forged means resultantly saving the government money. The program is still intact with its two-phased approach. First, at least one of the three tamper-resistant characteristics is now required by April 1, 2008, but all three characteristics are still required by the October 1, 2008 deadline. The original Centers for Medicare & Medicaid Services (CMS) directive also specified that the law did not apply to prescriptions that were electronic, faxed or phoned or in most situations when drugs are provided in certain institutional and clinical facilities.

*Source: Centers for Medicare & Medicaid Services (CMS) "Medicaid Tamper Resistant Prescription Information for State Policymakers" & "State Medicaid Director Letter" dated Aug 17, 2007.*

# HIGH-RISK GROUPS FOR FLU VACCINATIONS

Members with chronic medical conditions, including:

- Cardiovascular disease
- Pulmonary disorders, including emphysema and asthma
- Chronic metabolic diseases, including all types of diabetes
- Renal disease (renal failure or renal dysfunction)
- Hemoglobinopathies (e.g., sickle cell disease, thalassemia)
- Immune dysfunction, including immunodeficiency caused by HIV infection or immunosuppressive therapy (e.g., radiation therapy, chemotherapy, high-dose steroids, or immunomodulating medications)
- Any condition that can compromise respiratory function, the handling of respiratory secretions, or that increases the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
- Children and adolescents (ages 6 months–18 years) who are receiving long-term aspirin therapy increasing risk for experiencing Reye's syndrome (after influenza virus infection)

Members in one or more of the following groups:

- Health care workers
- Caregivers or live-ins for the patients listed below
- Children ages 6 to 59 months
- Persons 50 years of age and older
- Women who will become pregnant during the influenza season, are currently pregnant or are currently breastfeeding
- Residents of nursing homes and other chronic-care facilities

The focus on high-risk members is due in part to these individuals already being at risk to other medical complications and more likely to require even more intensive care in the event they are infected. However, all eligible persons, not just those in high-risk groups, are encouraged to obtain their appropriate vaccinations.

WellCare of Ohio appreciates our providers' support in preparing our members for the flu season.

*Sources: Centers for Disease Control (CDC); NYC DOHMH City Health Information (CHI): "Prevention and Control of Influenza: Key Messages for the 2007-2008 Flu Season." October 2007 Health Update # 28 Vol. 26(8):53–58.*



“POISONOUS PLAYTIME”

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For more information about Mattel’s toy recalls and how to handle the recalls, visit their Web site at [www.mattel.com/safety](http://www.mattel.com/safety) or call their hotline at 1-888-496-8330.

To view current information on lead recalled products, visit the U.S. Consumer Product Safety Commission’s Web site at [www.cpsc.gov](http://www.cpsc.gov) or call their hotline at 1-800-638-2772.

**Resources**

MedTox Laboratory offers paper lead testing supply kits to providers in all states for free. If they administer the test, there is a charge for their services. Call 1-800-832-3244 for more information about obtaining the free lead testing supplies.

*Sources:*

*(AP). Fisher-Price recalls 1 million toys. Retrieved on August 2, 2007, from <http://www.cnn.com>.*

*Linn, A. (August 14, 2007). Spate of recalls sparks safety fears in parents. Retrieved on August, 15, 2007, from <http://www.msnbc.com>.*

*Fisher-Price Recalls Licensed Character Toys Due to Lead Poisoning Hazard. Retrieved on September 7, 2007, from <http://service.mattel.com/us/recall/39054CPSC.pdf>.*

*Mattel Recalls Various Barbie Accessory Toys Due to Violation of Lead Paint Standard. Retrieved on September 7, 2007, from <http://service.mattel.com/us/recall/K8607CPSC.pdf>.*

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