

# PROVIDER

## Newsletter

### WEB REGISTRATION IS FAST AND EASY

To take advantage of WellCare and WellCare of Ohio's Web sites, go to [www.wellcare.com](http://www.wellcare.com) (Medicare) or [ohio.wellcare.com](http://ohio.wellcare.com) (Medicaid) and follow these simple steps:

1. Create a new account using the *Sign up Here* link that appears on the home page. The *Register Here* link on the top right side of the following page will direct you to the Provider Registration form.
2. Complete the registration form. Your WellCare-issued Provider ID appears in your welcome packet and on your Explanation of Payment copies.
3. Create a user name. A confirmation page will be displayed. You should print this page for your records.
4. Receive a registration e-mail. Within 24 hours of registration, you will receive an e-mail with a temporary password that will expire in 30 days. Use this password to log onto the WellCare site and create a password of your preference.

Be sure to keep your user name and password information somewhere safe for future reference.

#### MEDICAID

### WEB RESOURCES

WellCare of Ohio's Preventive and Clinical Practice Guidelines, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) documents, Pharmacy guidelines, provider newsletters, Claims/Encounter Companion Guides and other helpful resources are available at [ohio.wellcare.com](http://ohio.wellcare.com).

For additional information, please contact the Provider Hotline at 1-800-951-7719.

#### MEDICAID

### PROVIDER MATERIALS UPDATE

The Ohio Medicaid Quick Reference Guide is posted on [ohio.wellcare.com](http://ohio.wellcare.com) for you to access with ease. It is an important document that places the following information at your fingertips:

- Our Provider Hotline and other important telephone numbers
- Specific authorization rules
- Where to get help regarding EDI and Pharmacy Services
- Where to fax forms and documentation
- Contracted networks contact information

We appreciate the care you provide to our members and thank you for being our partner in improving and sustaining the health and wellness of our members.

## A LITTLE MOTIVATION CAN MAKE A BIG DIFFERENCE

Motivational interviewing is a skill that clinicians can employ on a day-to-day basis to influence patient recovery. The practice helps a patient deal with his or her conscious and unconscious resistances to change through exploration, clarification and encouragement by the clinician during the medical visit.

As defined by Miller and Rollnick, motivational interviewing is a direct, client-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence.

Principles of motivational interviewing are as follows:

- Motivation to change is elicited from the patient, not imposed by others.
- It is the patient's task, not the clinician's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The counseling style is usually quiet and eliciting.
- The counselor is direct in helping the patient examine and resolve ambivalence.
- Readiness to change is not a patient trait but a fluctuating product of interpersonal interaction.
- The therapeutic relationship is more like a partnership or companionship than expert and recipient roles.

In order to ensure that motivational interviewing is most effective, the clinician:

- Listens to what the patient has to say

- Respects and appreciates the patient's individuality, independence and right to make the final decisions about his or her life and health care
- Seeks to understand the patient's frame of reference, particularly via reflective listening
- Acknowledges the patient's ambivalence
- Acts as a resource enabling the patient to identify the barriers to change and how to change
- Focuses on strengths but explores weaknesses shared by the patient
- Expresses encouragement, empathy, understanding, acceptance and affirmation
- Elicits and selectively reinforces the patient's expressions of problem recognition, concern, desire and intention to change, and ability to change
- Monitors the patient's degree of readiness to change and ensures that resistance is not generated by jumping ahead of the patient
- Affirms the patient's freedom of choice and self-direction

The goal is to support self-efficacy and optimism, giving the patient hope that, in time, things can be better. All patients need hope. Even the most treatment-resistant patients need hope that things can improve.

*Source: Miller WR, Rollnick S. Motivational Interviewing: Preparing People for Change. 2nd Ed. New York: Guilford Press; 2002.*

### MEDICAID

## VISION BENEFIT CHANGES

EFFECTIVE MARCH 1, 2009

WellCare of Ohio made some changes to the Medicaid vision benefits, effective March 1, 2009.

The vision changes were:

- One vision exam every **two** years is a covered benefit for members ages 21 and older. This changed from an annual benefit to a biannual benefit.
- Members will be able to obtain a second pair of eyeglasses, in addition to the replacement frames approved by Medicaid.



If you have patients who have not yet had a biannual eye exam, please remind them to schedule an appointment.

Consult the Medicaid Quick Reference Guide to refer members to the appropriate contracted vision vendor.

# BREAK THE CODE FOR BETTER CARE AND SERVICE

Concise medical record documentation is critical to providing patients with quality care as well as for receiving accurate and timely reimbursement for rendered services.

Medical records chronologically document the care of the patient and are required to record pertinent facts, findings and observations about the patient's health history, including past and present illnesses, examinations, tests, treatments and outcomes. Medical record documentation also assists physicians and other health care professionals in evaluating and planning the patient's immediate treatment and monitoring health care over time.

The Evaluation and Management Services Guide is a tool that includes Centers for Medicare & Medicaid Services (CMS) reference tools, publications and Web site links with documentation guidelines.

The 2008 version of the CMS guide for E&M Medical Record Documentation is available at [www.cms.hhs.gov/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf)

Source: *Evaluation & Management Services Guide, July 2008* [http://www.cms.hhs.gov/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf)



## MEDICAID

### HEALTHCHEK EXAM TIPS

Healthchek, otherwise known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT), is a federally mandated comprehensive child health program for Medicaid members from birth through age 20. WellCare of Ohio members are entitled to receive Healthchek exams. Here are some questions and answers to help you conduct and document Healthchek exams.

**Q:** How often should a member receive a Healthchek exam?

**A:** Healthchek exams should be administered as follows:

- Birth or neonatal examination in the hospital
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- Once per year for two through 21 years olds

**Q:** What must I do to perform a Healthchek exam?

**A:** A Healthchek exam has three components that must be provided:

- A comprehensive health history—includes an assessment of physical and mental development, past medical history and behavioral health status.

- A comprehensive unclothed exam to determine if the child's development is within the normal range for the child's age and health history.
- Health education, including anticipatory guidance.

**Q:** To ensure I get credit for doing a Healthchek exam, how should I document it in my patient's record?

**A:** Documentation in the medical record must include a note indicating a visit with a primary care practitioner, the date the Healthchek exam occurred, and evidence of all three of the required components listed above.

There are several forms available that can assist you in ensuring you have documented correctly.

You may find these forms:

- In your WellCare of Ohio Provider Manual (Forms section available at [ohio.wellcare.com](http://ohio.wellcare.com))
- In Georgetown University's Bright Futures program at [www.brightfutures.org/encounter/provider/index.html](http://www.brightfutures.org/encounter/provider/index.html)

For more information on Healthchek exams, please visit the WellCare of Ohio Provider Resources posted on [ohio.wellcare.com](http://ohio.wellcare.com).

Source: *WellCare of Ohio's Medicaid Provider Manual, August 2008 version.*

## WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

### WHY HEDIS® IS IMPORTANT

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

### VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help save you time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS® can also help you:

- Identify noncompliant members to ensure they receive preventive screenings

- Understand how you compare with other WellCare providers as well as with the national average

### VALUE OF HEDIS® TO YOUR PATIENTS, OUR MEMBERS

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

### WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members

If you have questions about HEDIS® or need more information, please contact your local Provider Relations representative.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

*Source: [www.ncqa.org](http://www.ncqa.org)*

## MEDICAID

### BREASTFEEDING: THE NATURAL CHOICE FOR HEALTH

#### SHOWS GREAT POTENTIAL TO ENHANCE MATERNAL AND CHILD HEALTH

With few medical exceptions, the American Academy of Family Physicians recommends that most mothers breastfeed their babies exclusively for the first six months and in combination with other foods until at least 12 months. Breastfeeding is not recommended for women with HIV and certain other conditions.

Promotion and support of breastfeeding should begin in prenatal care and continue after delivery and during pediatric care. Unless medical contraindications exist, babies should be put to

their mother's breast within the first hour after birth.

The American Academy of Pediatrics recommends supplementing breastfeeding with Vitamin D drops until the infant begins to consume at least 500 ml of commercial formula. Pediatric providers should be able to refer families to local lactation consultants and support services. Structured educational programs are more effective than written materials alone. Refer to the resources listed in the accompanying box for more information.

#### FOR PROVIDERS:

- Breastfeeding policies and resources: [www.aafp.org](http://www.aafp.org), [www.acog.org](http://www.acog.org), [www.aap.org](http://www.aap.org) and [www.apha.org](http://www.apha.org)
- Safety of maternal medications during breastfeeding: [www.perinatology.com/exposures/druglist.htm](http://www.perinatology.com/exposures/druglist.htm)
- International Lactation Consultant Association: [www.ilca.org](http://www.ilca.org)
- Academy of Breastfeeding Medicine: [www.bfmed.org](http://www.bfmed.org)

#### FOR FAMILIES:

- The National Women's Health Information Center: [www.4women.gov/breastfeeding](http://www.4women.gov/breastfeeding) or 1-800-994-9662

## GENERIC DRUG NEWS AND FORMULARY UPDATES

The generic drugs listed below are now available to WellCare's Medicare and Medicaid members at the lowest co-payment (if applicable):

Brand Name	Generic Name	Therapeutic Class
Cosopt® 2%-0.5% Ophthalmic Solution	Dorzolamide HCl/Timolol Maleate 2%-0.5% Ophthalmic Solution	Antiglaucoma Agent
Imitrex® STATdose System	Sumatriptan Succinate 4mg/0.5mL, 6mg/0.5mL Solution for Injection	Antimigraine Agent
Keppra® Tablet	Levetiracetam Tablet	Anticonvulsant Agent
PhosLo® Gelcaps 667mg Capsule	Calcium Acetate 667mg Capsule	Phosphate Binding Agent
Razadyne® Tablet	Galantamine Hydrobromide Tablet	Cholinesterase Inhibitor
Razadyne® ER Extended-Release Capsule (Medicare Only)	Galantamine Hydrobromide Extended-Release Capsule (Medicare Only)	Cholinesterase Inhibitor
Retrovir® 50mg/5mL Syrup	Zidovudine 50mg/5mL Oral Syrup	Antiviral Agent
Tobradex® 0.3%-0.1% Ophthalmic Suspension	Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	Ophthalmic Anti-infective/ Anti-inflammatory Combination
Trusopt Ocumeter® 2% Ophthalmic Solution	Dorzolamide HCl 2% Ophthalmic Solution	Antiglaucoma Agent
Videx® EC Delayed-Release Capsule	Didanosine Delayed-Release Capsule	Antiviral Agent

The following drugs have been added to WellCare's Medicaid Preferred Drug List:

Bicillin® C-R and L-A Syringes	Budesonide Nebulizer Suspension	ISENTRESS® 400mg Tablet
Levaquin® Tablet	NuLYTELY® with Flavor Packets	Pegasys® 180mcg
Relenza® 5mg Powder for Inhalation	Restasis® 0.05% Ophthalmic Emulsion	Voltaren® 1% Topical Gel

The following changes have been made to WellCare's Medicare Formulary:

Additions	Removals
Alocril® 2% Ophthalmic Solution	Ketotifen Fumarate 0.025% Ophthalmic Solution  ✘ We have also removed the Step Edit associated with Januvia® Tablets and Janumet® Tablets
Azasite® 1% Ophthalmic Solution	
Bicillin® C-R and L-A Syringes	
Boniva® Tablet, 3mg/3mL Solution for Injection (PA* - injection only)	
Crestor® Tablet	
GoLYTELY®	
HalfLyteLy®-Bisacodyl Bowel Prep Kit	
Pristiq® Extended-Release Tablet (with PA*)	
Stavzor™ Delayed-Release Capsule	
Voltaren® 1% Topical Gel	

\*PA - Prior Authorization

## MITIGATE RISKS OF ANTIPSYCHOTIC POLYPHARMACY

Concomitant use (polypharmacy) of antipsychotics is widely prevalent and is prescribed for long durations of time (about eight months).<sup>1,2</sup> It is an increasing phenomenon among schizophrenia patients, indicating a significant discrepancy with treatment guidelines that do not advocate the use of any polypharmacy except for short-term periods when transitioning patients to new antipsychotics.<sup>1,2,4</sup>

Currently, research is dominated by case reports and uncontrolled studies evaluating polypharmacy.<sup>1</sup>

Particular weaknesses of the present research are:

- Low number of participants
- Lack of adequate control of confounding factors
- Short duration of experimental follow-up and inadequate monitoring of potential adverse effects.<sup>1</sup>

Further research, including randomized, double-blind placebo-controlled studies evaluating the effects of antipsychotic polypharmacy in schizophrenia patients, is needed to assist in defining the scope and potential of such use.

Polypharmacy is associated with increased risk of metabolic syndrome, increased body weight and Parkinsonism-like symptoms.<sup>1</sup> Long-term follow-up shows increased mortality in patients taking two or more antipsychotics.<sup>5</sup>

Furthermore, polypharmacy was not associated with superior clinical improvement or shorter hospitalization.<sup>3</sup> At this time, polypharmacy with antipsychotics is not recommended for long durations.

Sources:

1) Ganguly R, Kotzan JA, Miller S et al. Prevalence, trends, and factors associated with antipsychotic polypharmacy among Medicaid-eligible schizophrenia patients, 1998–2000. *J Clin Psychiatry* 2004;65:1377–1388

2) Tranulis C, Skalli L, Lalonde P et al. Benefits and risks of antipsychotic polypharmacy: An evidence-based review of the literature. *Drug Safety* 2008;31 (1):7–20.

3) Mckean A, Vella-Brinkat J. An Audit of Antipsychotic Polypharmacy. PowerPoint Presentation. Accessed from: [http://www.nzhpa.org.nz/psych\\_sig/MHpresentations08/antipsychotics%20polypharmacy.pdf](http://www.nzhpa.org.nz/psych_sig/MHpresentations08/antipsychotics%20polypharmacy.pdf)

4) National Institute of Clinical Experience. Guidance on the newer (atypical) antipsychotic drugs for the treatment of schizophrenia. Health Technology Appraisal No. 43 available from [www.nice.org.uk](http://www.nice.org.uk) 2002.

5) Centorrino et al. Use of combinations of antipsychotics: McLean Hospital In patients, 2002. *Human Psychopharmacology* 2005;20(7):485–492.

### MEDICAID

## DENTAL SERVICES ARE VITAL FOR TOTAL HEALTH

WellCare of Ohio encourages providers to reinforce the importance of dental services to our members.

Dental services are an important part of well-child screenings, which are completed annually from birth to 21 years of age. Dental services must be provided at intervals that meet reasonable standards of dental practice, as determined after consultation with recognized dental organizations involved in child health and at such other intervals, as indicated by medical necessity, to determine the existence of a suspected illness or condition.

Services must include, at a minimum, relief of pain and infections, restoration of teeth and maintenance of dental health.

Dental services may not be limited to emergency services.

Oral screening may be part of a physical exam but does not substitute for a dental examination performed by a dentist as a result of a direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule set by the state. All services coverable under the Medicaid program must be provided to recipients if determined to be medically necessary.

If a condition requiring treatment is discovered during a screening, the necessary services must be provided to treat that condition.

Please remind patients to make annual dental visits.



## REGULAR CERVICAL CANCER TESTING CAN SAVE LIVES

WellCare invites our physicians to help us reinforce the importance of cervical cancer screening to our female members. Our Pap test recommendations are as follows:

- Females should receive an initial Pap test within three years of first sexual activity or at age 21—whichever comes first.
- Cervical cancer screenings should occur every year until the woman has two to three negative Pap tests in a row, at which time Pap tests should continue every two to three years until age 65.
- Women older than 65 should discontinue Pap testing only after they have had several negative tests and are not otherwise at risk for cervical cancer.
- Women living with HIV/AIDS should have a Pap test every six months until they have at least two negative Pap tests in a row, at which time Pap tests should continue at least every year.
- A woman who has had a total hysterectomy (in which the cervix was removed) no longer needs Pap tests, unless the surgery was done as a treatment for cervical abnormalities or cancer.

Health care providers should encourage patients who may be less likely to get Pap tests to be screened regularly.

- All primary care providers, not just gynecologists, should check if women need to have a Pap test and, if so, either perform the test or refer appropriately.
- Targeted outreach toward older, foreign-born, low-income and uninsured women is recommended.
- All women 21 and older should be screened at least every three years, regardless of sexual activity.

Source: National Cancer Institute

## NEW GLUCOMETER AND TESTING SUPPLY VENDORS

As of Jan. 1, 2009, WellCare’s preferred glucometers and testing supplies have changed. WellCare no longer covers Bayer-brand glucometers, including Ascensia Breeze®, Breeze® 2, Contour®, Elite® and Elite® XL. The preferred glucometers and testing supplies now include the following:

ROCHE	ABBOTT
<b>PREFERRED GLUCOMETERS</b>	
Accu-Chek® Active Care Kit	FreeStyle Lite® Meter
Accu-Chek® Advantage Care Kit	FreeStyle Freedom® Lite Meter
Accu-Chek® Aviva Care Kit	Precision Xtra® Meter
Accu-Chek® Compact Plus Care Kit	
<b>PREFERRED TEST STRIPS</b>	
Accu-Chek® Active Test Strips	FreeStyle Lite® Test Strips
Accu-Chek® Advantage Test Strips	Precision Xtra® Test Strips
Accu-Chek® Aviva Test Strips	
Accu-Chek® Comfort Curve Test Strips	
Accu-Chek® Compact Test Drums	

### Ohio Medicaid Members Only:

Members who are currently using Bayer-brand testing supplies will still be able to receive them. However, all NEW prescriptions for glucometers and testing supplies must be written for one of our preferred products.



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## COORDINATION OF CARE MAXIMIZES OUTCOMES

A recent Google™ search identified more than 11 million documents related to coordination of care. With so much information available, one might think that it is a commonly used phrase or practice, but it is not routinely utilized by all health care professionals. WellCare reminds providers that coordination of care is appropriate for all disciplines at all levels of care, including inpatient-outpatient, medical-behavioral, PCP-specialty and intradisciplinary.

Communication and coordination/integration of care between medical and behavioral health providers is a best practice principle essential to optimizing patient safety and clinical outcomes.

Patients with co-morbid medical and behavioral health conditions can be particularly vulnerable to complications that may result from inadequate coordination of care between treating providers.

All providers, medical and behavioral, are expected to initiate communication that facilitates and enhances continuity of care, relapse prevention, patient safety and patient satisfaction.

It must be noted, though, that health care providers can only coordinate care to the extent permitted by confidentiality requirements. There may be occasions when the patient refuses to sign consent for release of information.

Keeping in mind the ultimate goal of enhanced patient well-being, it behooves all parties to take the necessary steps for coordination of care.

*Source: National Archives and Records Administration*