

MISSOURI | SPRING 2009

PROVIDER

Newsletter

WEB REGISTRATION IS FAST & EASY

To take advantage of WellCare and Harmony Health Plan of Missouri's Web sites, go to www.wellcare.com (Medicare) or www.harmonyhpm.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/Harmony-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. 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/Harmony Web site and create a password of your preference.

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

MEDICAID

SEE THE VALUE OF ANNUAL EYE EXAMS

Please encourage your patients to get an annual eye examination.

It is Harmony Health Plan's goal for every member to receive a routine eye exam annually. If you have patients that have not yet had an annual eye exam, please remind them to schedule an appointment.

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

MEDICAID

PROVIDER MATERIALS UPDATE

MEDICAID PROVIDER MANUAL AVAILABLE ONLINE

The 2008 version of the Harmony Health Plan of Missouri Medicaid Provider Manual is available on our Web site. Go to www.harmonyhpm.com, click on *For Providers* and then the *Resources* tab. There you will find a link to *Provider Manuals*. Click on this link and it will take you to the Missouri Medicaid Provider Manual page. The Provider Manual includes the **Quick Reference Guide**.

Using the online version of the Provider Manual ensures you are using the most up-to-date version.

If you have any questions, please call our Provider Services line toll-free at 1-866-822-1340 or contact your local Provider Relations representative.

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, patient-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 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.

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/Harmony reminds providers that coordination of care is appropriate for all disciplines at all levels of care, including inpatient-outpatient, medical-behavioral, PCP-specialty and intra-disciplinary.

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

Members 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, member safety and 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 member refuses to sign consent for release of information.

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

Source: National Archives and Records Administration

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, www.acog.org, www.aap.org and www.apha.org
- Safety of maternal medications during breastfeeding: www.perinatology.com/exposures/druglist.htm
- International Lactation Consultant Association: www.ilca.org
- Academy of Breastfeeding Medicine: www.bfmed.org

FOR FAMILIES:

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

DENTAL SERVICES ARE VITAL FOR TOTAL HEALTH

Harmony Health Plan of Missouri 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.

Harmony contracts with Bridgeport Dental for dental services. Bridgeport's customer service may be contacted at 1-877-394-9994.

Please remind patients to make annual dental visits.

HEALTHY CHILDREN AND YOUTH (HCY) PROGRAM TIPS

Early and Periodic Screening, Diagnosis and Treatment (EPSDT), referred to as Healthy Children and Youth in Missouri, is a federally mandated comprehensive child health program for Medicaid members from birth through age 20. Harmony Health Plan of Missouri members are entitled to receive HCY screens. Here are some questions and answers to help you conduct and document HCY screen exams.

QUESTION:

How often should a member receive an HCY screen?

ANSWER:

HCY exams should be administered as follows:

- Birth or neonatal examination in the hospital
- 1 month
- 2–3 months
- 4–5 months
- 6–8 months
- 9–11 months
- 12–14 months
- 15–17 months
- 18–23 months
- 24 months
- 3 years
- 4 years
- 5 years
- 6–7 years
- 8–9 years
- 10–11 years
- 12–13 years
- 14–15 years
- 16–17 years
- 18–19 years
- 20 years

QUESTION:

What must I do to perform a full HCY well-child visit?

ANSWER:

A full HCY visit has nine components that must be provided:

- A comprehensive health and development history including assessment of both physical and mental health developments
- A comprehensive unclothed physical exam
- Health education (including anticipatory guidance)
- Laboratory tests as indicated (appropriate according to age and health history unless medically contraindicated)
- Appropriate immunizations according to age
- Verbal lead assessment/mandatory blood tests as required
- Vision screening
- Hearing screening
- Dental screening (oral exam by a PCP as part of a comprehensive exam)

QUESTION:

To ensure I get credit for doing an HCY visit, how should I document it in my patient's record?

ANSWER:

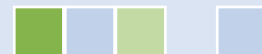
Documentation in the medical record must include comprehensive health history, evidence of an unclothed physical examination, past medical history, developmental history and behavioral health status.

There are several forms available that can assist you in assuring you have documented correctly. You may find these forms:

- In your Harmony Health Plan of Missouri Provider Manual
- The HCY/EPSDT screening forms may be found at: <http://manuals.momed.com>

For more information on HCY/EPSDT visits, please visit the Harmony Health Plan Provider Resources posted on www.harmonyhpm.com.

Source: Harmony Health Plan of Missouri Medicaid Provider Manual, October 2008 version.



MITIGATE RISKS OF ANTIPSYCHOTIC POLYPHARMACY

Concomitant use (polypharmacy) of antipsychotics is widely prevalent and is prescribed for long durations of time (about eight months).^{1,2} 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.^{1,2,4}

Currently, research is dominated by case reports and uncontrolled studies evaluating polypharmacy.¹ 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.¹

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.¹ Long-term follow-up

shows increased mortality in patients taking two or more antipsychotics.⁵ Furthermore, polypharmacy was not associated with superior clinical improvement or shorter hospitalization.³ 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. *Journal of Clinical 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
- 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 2002.
- 5) Centorrino et al. Use of combinations of antipsychotics: McLean Hospital Inpatients, 2002. *Human Psychopharmacology* 2005;20(7):485–492.

REGULAR CERVICAL CANCER TESTING CAN SAVE LIVES

WellCare/Harmony Health Plan of Missouri 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.
- Subsequent cervical cancer screenings should occur once every 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 twice in the first year, and if these tests are normal, 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 age 21 and older should be screened at least every three years, regardless of sexual activity.

Sources: National Cancer Institute; U.S. Department of Health and Human Services; American Cancer Society.

GENERIC DRUG NEWS AND FORMULARY UPDATES

Listed below are the generic drugs that have become available recently:

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	Anti-Migraine 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	Galantamine Hydrobromide Extended-Release Capsule	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

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 Harmony and WellCare Health Plan 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.

Source: www.ncqa.org

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)

WHAT DOES HARMONY LOOK FOR DURING A MEDICAL RECORD REVIEW?

Consistent and complete documentation in the medical record is an essential component of quality patient care. All medical records must be legible and include the following:

- Identity of member to whom service was rendered
- Identity and title of provider rendering service
- Date on which the service was rendered
- Documentation of allergies
- List of medications
- Problem list with significant illnesses listed
- Past medical history
- List of smoking and chemical dependencies
- History and physical with subjective and objective information
- Laboratory and X-ray results with signature or initials of provider who ordered them to signify review
- Documentation of diagnosis with treatment plan
- Copy of referral request
- Note from consultant with signature or initials of provider who ordered them to signify review
- Record of outpatient and/or emergency care
- Inpatient discharge summary
- Notation of advance directive

For children ages newborn through 20, the medical record must include:

- Health and developmental history
- Physical exam
- Subjective and objective vision assessment
- Subjective and objective hearing assessment
- Documentation of immunizations
- Laboratory tests
- Health education
- Subjective and objective dental assessment
- Documentation of dental referral (starting at 24 months)

For adults, the medical record must include documentation of:

- Cholesterol screening (starting at age 35 for men and age 45 for women)
- Cervical cancer screening (starting at age 18 for women)
- Breast cancer screening (starting at age 40 for women)
- Colon cancer screening (starting at age 50 for both men and women)
- Tetanus immunization (every 10 years)





Harmony Health Plan
 13 Wolf Creek Drive, Suite 4
 Swansea, IL 62226

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NEW GLUCOMETER AND TESTING SUPPLY VENDORS

As of Jan. 1, 2009, our preferred glucometers and testing supplies have changed. We are no longer covering Bayer-brand glucometers and the corresponding testing supplies, including Ascensia Breeze®, Breeze® 2, Contour®, Elite® and Elite® XL. Our preferred glucometers and testing strips are the following:

ROCHE	ABBOTT
Preferred Glucometers	
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	
Preferred Test Strips	
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	

