

SYMPTOM CHECK

There are many potential causes of inflammation of the pharynx, including colds, flu, sinus drainage and environmental irritants. With infectious pharyngitis, however, the mucosa of the pharynx becomes inflamed after invasion by either a virus (as with mononucleosis) or a bacterium (as with strep throat).

Kick off an educational effort in your office to stave off unnecessary office visits by patients. Distribute a checklist of causes, symptoms and treatments of these seasonal symptoms through your on-hold phone messaging, your practice website, posters in your waiting room as well as community newsletters. List red flag symptoms that indicate it's time to call for medical help. Include a reminder that antibiotics are reserved for cases such as strep throat, which is detected only by testing.

Encourage patients—particularly parents of younger patients—to call your office promptly if they observe this cluster of symptoms indicative of strep throat:

- **Sore throat but no cough**
- **Fever**
- **Red tonsils streaked with white exudate**
- **Swollen lymph nodes**



We Are Committed to Quality

A variety of initiatives support our ongoing effort to improve the care and services provided to our members.

The scope of Absolute Total Care's Quality Improvement (QI) Program is comprehensive.

It addresses the quality and safety of clinical care and services provided to our members, including medical, behavioral health, dental and vision care.

The QI Program is run by Absolute Total Care's Medical Director, the Quality Improvement Director and the Quality Improvement Committee. We incorporate all demographic groups, care settings and services in our quality initiatives.

Absolute Total Care's primary quality improvement goal is to improve members' health through a variety of meaningful activities implemented across all care settings, aimed at improving quality of care and services delivered.

The QI Program includes planning, implementing and monitoring of programs. It monitors several metrics and includes the following initiatives:

- Investigation and tracking of risk management and potential quality of care complaints.

- Ongoing monitoring of key performance measures (well-child visits and immunizations, pregnant women receiving early and regular care, health tests such as chlamydia screenings, mammograms, lead screenings, etc.).
- Ensuring members with chronic conditions like diabetes and asthma are getting recommended tests and appropriate medications for their condition.
- Conducting member satisfaction surveys regarding the healthcare and services they are receiving.
- Provider feedback via surveys, structured committees and direct feedback.
- Monitoring utilization management effectiveness.
- HEDIS data reporting.

You and your staff may learn more about our Quality Improvement Program by calling **1-866-433-6041**.



Office Upkeep

Consistent and complete documentation in medical records is an essential component of providing quality patient care.

Participating practitioners are required to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members.

COMPLETE AND SYSTEMATIC

Medical records must be maintained in an organized system that's in compliance with the Absolute Total Care's medical documentation and record-keeping practice standards. These standards are intended to assist providers in keeping complete files about all our members, and are consistent with state contract requirements and industry standards.

CONFIDENTIAL

Medical records and information must also be protected from public access. Any information released must comply

with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

ONGOING MAINTENANCE

Records must be maintained for at least seven years from the date of service—unless federal or state law or medical practice standards require a longer retention period.

AUDITING

Upon request, all participating practitioners' medical records must be available for Utilization Management and Quality Improvement initiatives, as well as regulatory agencies' requests and member inquiries, as stated in the practitioner agreement. Periodically, Absolute Total Care will conduct an onsite medical record audit of a random sampling of our members and provider offices to evaluate compliance to these standards.

You may view a complete list of record documentation standards in our provider manual, which is available online at www.absolutetotalcare.com.

When Are You Available?

Absolute Total Care strives to ensure members have access to timely, appropriate care for all their health needs. We will work with you to establish clear standards for scheduling appointments and the length of wait times.

The following schedule should be followed regarding appointment availability:

- Routine visits should be scheduled within four (4) to six (6) weeks.
- Urgent non-emergent visits should be scheduled within 48 hours.
- Urgent or emergency visits should be performed immediately upon presentation at the delivery site.

PCPs must adhere to the following standards for office wait times:

- Waiting times should not exceed 45 minutes for scheduled appointment of a routine nature.
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment consistent with written scheduling procedures.
- Walk-in patients with urgent needs should be seen immediately.

After normal business hours, all practitioners are required to provide arrangements for access to a covering physician, an answering service, a triage service or a voice message that directs members how to access emergency care.

PROVIDER DIRECTORY

Absolute Total Care's website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities close to home. Just visit www.absolutetotalcare.com and select "Find a Provider."

Members may also call Absolute Total Care's Member Services at **1-866-433-6041**, from Monday to Friday, 8 a.m. to 5 p.m., for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call Absolute Total Care Provider Services at **1-866-433-6041**, from Monday to Friday, 8 a.m. to 5 p.m.

When You Speak, We Listen

In order for Absolute Total Care to ensure that our providers are receiving the best service from our plan, we work with The Myers Group to conduct a confidential Provider Satisfaction Survey.

The survey asks you, the provider, to rate us on areas like how well we process claims and answer questions. It also asks about specific items such as our medical review policies and communication with you. Your feedback is reviewed closely and informs our plans for improvement. We appreciate your cooperation and will review the survey results carefully to make improvements to better serve you.



Clinical Practice and Preventive Health Guidelines

Let our standards be your starting point for personalized patient care.

Absolute Total Care preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program.

When possible, Absolute Total Care adopts preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and statewide collaboratives. These guidelines have been reviewed and adopted by our QI Committee.

We encourage providers to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. They should be applied for both preventive services as well as for management of chronic diseases. We measure compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records.

Preventive and chronic disease guidelines include, but are not limited to:

- ADHD—Diagnosis and Evaluation of Children
- ADHD—Treatment of School-Aged Children Guidelines
- Asthma Diagnosis and Management Guidelines
- Asthma Control—Expanded Child Guidelines
- Bipolar Disorder—Treatment Guidelines
- Diabetes—Standards of Medical Care 2012
- Major Depressive Disorder Practice Guidelines
- Adolescent Depressive Disorders—Treatment in Children
- Sickle Cell Management—National Institute of Health

Our preventive care and clinical practice guidelines are intended to augment, not replace, sound clinical judgment. Guidelines are reviewed and updated annually, or upon significant change.

FOLLOW UP: For the most up-to-date version of preventive and clinical practice guidelines, go to www.absolutetotalcare.com. A copy may also be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines. Call **1-866-433-6041** for more information.



How We Rate With Your Patients

Results from the Member Satisfaction Survey guide our initiatives for improvement. Absolute Total Care completed a satisfaction survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Overall, our HEDIS 2012 (2011 calendar year) scores were impressive, with our ratings improving over HEDIS 2011 (2010 calendar year). We appreciate your efforts as a part of our provider network and thank you for helping us reach these scores. Below are a few of the notable scores:

CAHPS MEASURES 2012

MEMBER SATISFACTION SURVEY—CAHPS

CHILD CAHPS SURVEY RESULTS:

Health Promotion and Education	69.0%	90th percentile
Rating of Health Care	86.4%	75th percentile

ADULT CAHPS SURVEY RESULTS:

Health Promotion and Education	65.5%	90th percentile
Rating of Personal Doctor	76.3%	75th percentile

Peer-to-Peer Review

Any time we make a decision to deny, reduce, suspend or stop coverage of certain services, Absolute Total Care will send you and your patient written notification.

The denial notice informs you and the member about how to file an appeal and how to contact Absolute Total Care if assistance is needed. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing. The denial notice also includes information on

the availability of an Absolute Total Care medical director to discuss the denial decision.

In the event that a request for medical services is denied due to lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling **1-866-433-6041**. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Changes To Claims Submission

We have implemented new technology to improve the optical character recognition (OCR) of claims forms.

Beginning April 1, 2013, we no longer accept handwritten red forms or black or copied claims forms. From now on, the only acceptable claim forms will be those printed in Flint OCR Red, J6983, (or exact match) ink.

Paper claims received by the plan are scanned using Optical Character Recognition (OCR) technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings and lines remain invisible to the scanner. Photocopies cannot be scanned and are no longer accepted.

Although a copy of the CMS-1500 and CMS-1450 form can be downloaded, copies of the form cannot be used for submission of claims, since a copy may not accurately replicate the scale and OCR color of the form.

This change will improve quality and service, while also reducing cost and the potential for fraud and abuse. If you have any questions or concerns, please call **1-866-433-6041**.

If you need a paper copy of anything in this newsletter or on our site, please call **1-866-433-6041**.



Utilization Management

Utilization management (UM) is the process of evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed assistance to the clinician or patient, in cooperation with other parties, to ensure appropriate use of resources.

UM CRITERIA

We have adopted utilization review criteria primarily developed by McKesson InterQual Products. Criteria are refined by specialists representing a national panel from community based and academic practices. They are updated with appropriate involvement from physician members of our Quality Improvement Committee.

Criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment.

Providers may obtain the criteria used to make a decision on a

specific member by contacting us at **1-866-433-6041**.

HOW DECISIONS ARE MADE

Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm stated in the screening criteria. We make UM decisions based on appropriateness of care and existence of coverage. We do not reward practitioners or other individuals for issuing denials of coverage, services or care, or provide financial incentives for UM decision makers that encourage decisions that result in underutilization.

CONTACT US

Absolute Total Care Utilization Management operates between 8 a.m. and 5 p.m., Monday through Friday. If needed, clinical staff are available after business hours to discuss urgent UM issues. Please call **1-866-433-6041**.



A Good Start for Pregnant Members

With your help, Absolute Total Care can identify pregnant members early on, and direct them to the services they need in order to have the healthiest possible pregnancy, birth and baby.

The best way to notify us about a pregnant member is by submitting a Notification of Pregnancy (NOP) form. When you send in an NOP, you're helping us reach women

early in their pregnancy so that those who are considered high risk can be referred to our case managers, as needed.

We also offer members the Start Smart for Your Baby® program, which helps women who are pregnant or who have just had a baby. Your staff and patients can learn more at startsmartforyourbaby.com or by calling Absolute Total Care at **1-866-433-6041**.

The Most Up-to-Date Formulary

The Pharmacy Department at Absolute Total Care is charged with providing the most clinically sound and cost-effective drug therapy for our members. Due to ever-changing market conditions, there is an ongoing evaluation of therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee, whose membership includes community-based physicians, pharmacists and other practitioners, make decisions for changes to the Preferred Drug List (PDL).

LEARN MORE: To get a printed copy of the most current PDL, which includes the procedures for prior authorization and other guidelines such as step therapy, quantity limits and exclusions, please call the Provider Relations Department at **1-866-433-6041**. You can also view the PDL online at www.absolute-totalcare.com/providers/pharmacy/.



The Whole Patient

Do you have patients who are struggling with depression, stress, substance abuse or other behavioral health conditions? We have resources available to help them through our delegated vendor, Cenpatico. You can refer Absolute Total Care members to these services by calling **1-866-433-6041**.

ONLINE RESOURCES

Absolute Total Care encourages you to visit our website at www.absolutetotalcare.com to find information and resources. Additional provider resources are also available—including forms, helpful links, FAQs and much more. You will find electronic versions of:

- Current Provider Manual
- Provider Newsletters
- Preferred Drug List (PDL) and other pharmacy information
- Fax blasts, E-blasts, and other provider updates

Our website also contains information regarding:

- Member Rights and Responsibilities
- Absolute Total Care's Quality Program
- HEDIS
- Adopted Preventive and Clinical Practice Guidelines

If you would like us to provide a printed copy of the Provider Manual, Provider Newsletters, or any other document found on our website, please call Provider Services at **1-866-433-6041**.



Take Time for the Teeth

While plenty of physicians may favor incorporating oral health interventions into wellness visits, few have had formal training in oral health. Nevertheless, the health of a patient's mouth can reveal a great deal about their lifestyle and their overall medical condition.

Take a moment in your wellness appointments to check your patient's mouth and make the appropriate referral if needed. Doing so will benefit the individual's care and may prevent an unnecessary visit to the emergency room.

The American Dental Hygienists' Association recommends the following to physicians:

- Ask patients whether they have issues with their teeth and gums. Determine when they've last seen a dentist.
- Review the patient's medications, keeping in mind that certain drugs cause side effects such as dry mouth, which can lead to dental caries, periodontitis and other oral complications.
- Consider quality-of-life concerns such as poor nutrition and depression that may exist along with severe dental issues.
- Remind patients who have dentures to submerge them in water or a denture-cleaning solution to prevent drying when not in use.



Access to You Is Key to Care

Geographic proximity is one of our performance standards.

The availability of our network practitioners is essential to member care and treatment outcomes. Absolute Total Care annually evaluates the performance in meeting these standards and appreciates providers working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the geographic accessibility standards below.

Per the South Carolina Department of Health and Human Services Policy and Procedure Guide for Managed Care Organizations the following applies:

- **Primary care providers** should be within a maximum of 30 miles of the Medicaid MCO member's place of residence.
- **Specialty care providers** should be within a maximum of 50 miles of the Medicaid MCO member's place of residence.

Thank you for providing the highest quality care for our members and please contact Provider Relations or Quality Improvement at **1-866-433-6041** if you have any questions about the geographic accessibility standards.

Behavioral Health Follow Up

We can help your patients schedule appropriate after-care appointments.

Absolute Total Care, in collaboration with our behavioral health vendor Cenpatico Behavioral Health (Cenpatico), has been working aggressively to improve the follow-up rates for members who have been hospitalized for a behavioral health condition. Outpatient follow-up within seven days of discharge is vital to members' recovery. It is an opportunity to support their transition back into the community and to

ensure they are taking prescribed medications correctly.

Please contact Absolute Total Care if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We have staff who will work with your staff or facility staff, and/or the member to make these arrangements.

Absolute Total Care and Cenpatico

will continue to work diligently with our facilities, outpatient providers and members to schedule these valuable appointments. Here are some ways we can help:

- Scheduling assistance to obtain follow-up appointments within the seven-day time frame.
- Appointment reminder calls to members.
- ◆ Member transportation assistance.



QUICK TIP:

BLOOD PRESSURE POINTERS

Many patients experience what's often termed "white coat syndrome"—an increase in blood pressure noticed only while the patient is in a clinical setting.

Remind your staff that there are methods to achieve a more reliable reading—including waiting until the end of an appointment to take the reading and ensuring that the cuff size is accurate.

Also, remind your patients to properly prepare for these screenings, by not drinking caffeinated beverages or smoking cigarettes.

Your Credentialing Rights

During the credentialing and recredentialing process, Absolute Total Care obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank. Practitioners have the right to review primary source materials collected during this process. The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.

If any information gathered as part of the primary source verification process differs from data

submitted by the practitioner on the credentialing application, Absolute Total Care will notify the practitioner and request clarification. A written explanation detailing the error or the difference in information must be submitted to Absolute Total Care within 30 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by contacting the Absolute Total Care Credentialing Department at **1-866-433-6041**.

"Can We Talk About Your Advance Directives?"

Absolute Total Care wants to ensure our members are getting information about advance directives and their right to execute these important documents. Absolute Total Care educates our members about advance directives regardless of health status. Providers can make the topic more comfortable for members if they take advantage

of opportunities to discuss advance directives when their patients are healthy.

It's critical that providers and office staff are aware of, and comply with, their responsibilities under federal and state law regarding advance directives. Providers are required to document provision of information, and whether or not the patient has arranged an

advance directive in his or her permanent medical record.

During our medical record compliance audits, Absolute Total Care will randomly monitor compliance with this provision. Please contact us at **1-866-433-6041** if you would like general information about advance directives or in regards to a specific member.

A Shared Agreement

What our members can expect and what is expected of them.

Absolute Total Care's member rights and responsibilities address members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your Provider Manual to review them. You can find the complete Provider Manual online at www.absolutetotalcare.com/for-providers/resources/forms/ or get a printed copy by calling **1-866-433-6041**.

Member rights include, but are not limited to:

- Receiving all services that Absolute Total Care must provide.
- Assurance that member medical record information will be kept private.
- Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed.

Member responsibilities include:

- Asking questions if they don't understand their rights.
- Keeping scheduled appointments.
- Having an ID card with them.
- Always contacting their primary care physician (PCP) first for non-emergency medical needs.
- Notifying their PCP of emergency room treatment.

A Connection to Care

Case managers are useful links to members' healthcare team.

A member's health situation often warrants additional resources in order to help the individual navigate complex treatment and recovery options. Our case management program is a valuable resource available to members that supports our providers' treatment plans.

ON THE JOB

Case managers are trained nurses and other healthcare professionals who coordinate the needs of patients. Typically, case managers work with chronically or catastrophically ill and injured patients. They are assigned by the health plan to a member when it's recognized the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A case manager connects the member with the healthcare team by providing a link between the member, his or her primary care physician, the member's family or other support system and additional healthcare providers such as physical therapists and specialty physicians.

Case managers also collaborate to develop a plan for following treatment regimens including medication, diet and exercise recommendations.

ON YOUR TEAM

Case managers do not provide hands-on care, diagnose conditions or prescribe medication and treatment. The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team, the member as well as the member's family.

Our case management team is here to support your team for such events as:

- **Non-adherence**
- **New diagnosis**
- **Complex multiple comorbidities**

Providers can directly refer members to our case management program at any time. Providers may call **1-866-433-6041** for additional information about the case management services offered by Absolute Total Care, or to initiate a referral. Absolute Total Care's case managers can also facilitate a referral to our Disease Management programs for those members who may need less intensive services.



HEDIS: HELP US IMPROVE OUR PERFORMANCE

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA).

HEDIS provides purchasers and consumers reliable information to compare the performance of healthcare plans. It's a tool used by the majority of America's health plans to measure performance on important dimensions of care and service.

Final HEDIS rates are reported to NCQA and state agencies once a year. Absolute Total Care regularly reviews HEDIS rates and continually looks for ways to improve our numbers, as part of our commitment to providing access to high-quality and appropriate care to our members. Please review the HEDIS measures discussed on the following pages:

- women's health screenings
- preventive care for children
- lead testing
- childhood immunizations
- ADHD
- asthma care
- cardiac care
- diabetes care

You can learn more about HEDIS on our website, www.absolutetotalcare.com/for-providers/qapi-program/hedis/ where we offer the HEDIS Quick Reference Guide and other information.



Total Health for Women

As a part of your office visits with female patients, consider adding a question to determine how recently they received routine cancer screenings and other necessary screening tests and immunizations.

Office visits provide a good opportunity to discuss the importance of these tests, explore the patient's concerns or misunderstandings related to screenings, and ensure patients are following the correct screening guidelines based on their family and medical history.

The U.S. Preventive Services Task Force (USPSTF) recommends that women be screened for cervical cancer using a Pap smear (cytology) every three years starting at age 21. The USPSTF recommends against screening women under 21.

Absolute Total Care utilizes the American Cancer Society's recommendation that women ages 40 and over should receive annual mammography and women at high risk should talk with their doctors about when screening should begin based on their family history.

The USPSTF suggests that women of average breast cancer risk should have a mammogram every two years beginning at 50 through 74. The decision to begin screening before 50 should be an individual one and take patient's individual history into account.

→ We can't improve our scores without your help! Absolute Total Care examined compliance with these two screenings. The chart below demonstrates our HEDIS 2012 (calendar year 2011) outcomes:

SCREENINGS	ABSOLUTE TOTAL CARE 2012	HEDIS PERCENTILE
Breast cancer	45.09%	10th
Cervical cancer	53.70%	<10th

For the Good of Families

Prepare your patients to make smart preventive health choices.

Many children and adolescents have benefited from improved health and developmental gains, thanks to the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program and others like it, including HealthChek.

Navigating the schedule of screenings and checkups can be tricky for parents and guardians. That's where you and your staff can help. Communicate the value of preventive care to families, reminding them of specific services to use—and when to schedule them. Health education and counseling of families about preventive health measures is a required component of EPSDT.

Discuss with new parents the rigorous immunization schedule that starts at their baby's birth. When faced with patients or family members who are wary about vaccinations, listen to their concerns and

explain why the shots are recommended. Direct them to credible resources like the Center for Disease Control's Vaccine Safety resource at www.cdc.gov/vaccinesafety/Concerns.

Remind parents and adolescents that recommended vaccinations and preventive care continue through the college years. Also, allow for time to talk with your teen patients without parents in the room.

For the latest recommended schedule of immunizations for patients up to age 18, view the next page.



Time for Lead Testing?

Spot the signs of higher-risk kids.

Studies conducted by the US General Accounting Office during the 1980s and 1990s revealed that children eligible for Medicaid were at increased risk for lead exposure and that children living in poverty had higher levels of lead exposure than those who were not living in poverty. Thus, it follows that lead testing by age 2 is part of the HEDIS measures for Medicaid recipients.

Two common methods of screening children for lead poisoning are currently in use. The venous method is a more accurate

way to measure lead in blood, but capillary screening—finger or heel stick—may be an easier way to screen young children.

If a Medicaid-eligible child ages 1 to 5 meets any one of the following CDC-recommended criteria, he or she is considered at higher risk for elevated blood lead levels (BLLs) and should be screened:

- Parent or healthcare provider suspects the child to be at risk for lead exposure.
- Child has a sibling or frequent playmate with an elevated BLL.

- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- A household member uses traditional, folk or ethnic remedies or cosmetics or routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk for lead exposure by the health department due to local risk factors (e.g., resides in high-risk ZIP code).

Recommended Childhood and Adolescent Immunization Schedule

Below is the recommended shot schedule to help keep children healthy and prevent serious disease. It is important to follow this schedule. In the event a child has missed shots, an additional catch-up schedule has been noted. Print this page and display it in your office to help educate patients.

Vaccine	Birth	1 mo.	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	24 mos.	2-3 yrs.	4-6 yrs.	7-10 yrs.	11-12 yrs.	13-14 yrs.	15 yrs.	16-18 yrs.
HEPATITIS A							Hep A (2 dose series)					Hep A Series						
HEPATITIS B	Hep B	Hep B	Hep B	Hep B							Hep B							
ROTAVIRUS			RV	RV	RV													
DIPHTHERIA, TETANUS, PERTUSSIS			DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	Tdap	Tdap			Tdap
HAEMOPHILUS INFLUENZAE TYPE B			Hib	Hib	Hib	Hib	Hib	Hib	Hib									
HPV															HPV Series	HPV Series		
PNEUMOCOCCAL			PCV	PCV	PCV	PCV	PCV	PCV	PCV				PCV					
INACTIVATED POLIOVIRUS			IPV	IPV	IPV					IPV	IPV	IPV	IPV					
INFLUENZA					Influenza (yearly)													
MEASLES, MUMPS, RUBELLA							MMR	MMR				MMR	MMR					
VARICELLA							Varicella	Varicella				Varicella	Varicella					
MENINGOCOCCAL			MCV									MCV			MCV	MCV	MCV	MCV

□ Range of recommended ages

▨ Catch-up immunization

■ Certain high-risk groups

ADHD Follow-Up Care

Per the NCQA HEDIS measure for ADHD, children with newly prescribed ADHD medication should receive at least three follow-up care visits within a 10-month period, one of which should occur within 30 days of when the first ADHD medication was dispensed.

As public awareness of the disorder has increased, primary care providers undoubtedly experience more requests from parents for ADHD screening of their children who are disruptive or inattentive.

Parents may leap to a “diagnosis” of ADHD because a teacher has alerted them to their child’s problem behavior in the classroom—and they may come to an initial office visit insistent upon obtaining a prescription for stimulant medication for their children.

Explain to parents that making an accurate diagnosis takes time and that you will need to do the following:

- Conduct a standard physical exam, including hearing and vision tests.
- Obtain a family history and the child’s developmental history.
- Screen for other psychiatric disorders.
- Assess evidence from questionnaires for parents, caregivers, teachers or other professionals regarding the child’s behaviors.

Please check our website for a link to the national guidelines, www.absolutetotalcare.com/for-providers/qapi-program/practice-guidelines/.

If medication is prescribed, make certain that the parent or caretaker understands the importance of taking it exactly as instructed and making follow-up appointments. If you know of any patients that may have trouble attending follow-up visit, contact us. We may be able to help.



Ongoing Support for Asthma Patients

As part of Absolute Total Care’s effort to continuously provide our members access to high quality and effective care, we track the HEDIS measures related to asthma. Namely, we monitor whether members ages 5 to 50 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

If your patients are having problems managing their asthma, the stumbling block may be that they don’t truly understand the nature of their condition and what’s required to keep it under control. You may be able to ramp up patient-education and compliance efforts by focusing on individualizing patient action plans.

The American Academy of Allergy, Asthma and Immunology recommends the asthma action plan

as a way to help patients manage the condition. Guide your patients through the asthma action plan, teaching them how to determine if they’re in the green zone, yellow zone, or red zone—as well as which medication to take and when to call for help. Please review our site for our clinical practice guidelines, www.absolutetotalcare.com/for-providers/qapi-program/practice-guidelines/.

Ask your patients to bring in their medications to appointments, and confirm that they know when and how to use it properly.

Suggest creative resources that may help your patients. The American Academy of Allergy, Asthma and Immunology offers a library of tips and information, as well as a virtual Toybox of games created just for kids with asthma. Visit www.aaaai.org/conditions-and-treatments/asthma.aspx.

HEART TO HEART: Cardiac Care

→ The HEDIS measure for persistence of beta-blocker treatment after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). It calls for treatment with beta-blockers for six months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure.

Despite strong evidence that use of beta-blockers after AMI has been shown to reduce the risk of rehospitalization and death from subsequent attacks within the first two years, patient compliance remains a challenge—particularly among Medicaid patients.

→ Cholesterol screening and management is a HEDIS measure that applies to any patient who has been

discharged with AMI, coronary artery bypass graft or percutaneous coronary interventions, or has a diagnosis of ischemic vascular disease. The HEDIS rate measures the percentage of these patients who had an LDL-C screening performed during the calendar year, and the percentage of those patients with an LDL level less than 100 mg/dL.

→ The HEDIS measure that calls for high blood pressure control applies to patients who have been diagnosed with hypertension (excluding individuals with end stage renal disease and pregnant women). The HEDIS rate is measuring the percentage of hypertensive patients with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg).

STEPS YOU CAN TAKE: Continue to stress the value of prescribed medications for managing heart disease. Suggest lifestyle changes and support related to other cardiac risk factors such as smoking, obesity, exercise and nutrition. If possible, coordinate with pharmacies to remind patients to fill or refill prescriptions. Absolute Total Care can also provide educational materials and other resources addressing the above topics. Please encourage your Absolute Total Care patients to contact us for assistance in managing their cardiovascular disease.

Absolute Total Care case management staff can assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions; contact Absolute Total Care if you have a member you feel could benefit from our case management program.

Comprehensive Diabetic Care

The HEDIS measure for comprehensive diabetes care includes adult patients with Type I and Type II diabetes. There are multiple sub-measures included:

→ **HbA1c testing**—completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.

→ **HbA1c level**—

- HbA1c result > 9.0 = poor control (CPT II code 3046F)
- HbA1c result < 8.0 = good control (CPT II code 3044F)
- HbA1c result < 7.0 for selected population (CPT code 3044F)

→ **LDL-C testing**—completed at least annually

- LDL-C result < 100 (CPT code 3048F)

→ **Dilated retinal eye exam**—annually, unless prior negative exam then every 2 years

→ **Nephropathy screening test**—at least annually (unless documented evidence of nephropathy)

To improve compliance, we offer specific suggestions for three tests:

- 1. LDL-C testing:** Remind patients to fast when they come in for a HbA1c test so that you may also complete the LDL testing. Stressing the importance of having both tests drawn at the same time may help patients with compliance.
- 2. Dilated retinal eye exam:** Absolute Total Care can assist your office with finding a vision provider. Our

vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.

- 3. Nephropathy screening test:** Did you know a spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods which meet the requirement for nephropathy screening? These may be appropriate tests for those patients you feel do not require a 24-hour urine test. Submit code 3060F for a positive microalbuminuria test result documented and reviewed. Submit code 3061F for a negative microalbuminuria test result documented and reviewed.



HEDIS MEASURES FOR 2012

	RESULT	NCQA PERCENTILE
EFFECTIVENESS OF CARE—PREVENTION AND SCREENING:		
HIB vaccine	88.66%	90th
EFFECTIVENESS OF CARE—RESPIRATORY:		
Testing for Pharyngitis in Children	72.06%	50th
Avoidance of antibiotics in Adults	26.26%	75th
EFFECTIVENESS OF CARE—DIABETES:		
Medical Attention for Nephropathy	79.27%	50th
EFFECTIVENESS OF CARE—BEHAVIORAL HEALTH:		
Follow-up Care for Children with ADHD		
Continuation and Maintenance Phase	53.52%	75th
EFFECTIVENESS OF CARE—MEDICATION MONITORING:		
Ace Inhibitors	89.02%	75th
ACCESS AND AVAILABILITY OF CARE:		
Children 12-24 months	97.90%	75th
Timeliness of Prenatal Care	90.89%	75th

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