

SUMMER 2010

## DENTAL HEALTH SUPPORTS TOTAL HEALTH

A look inside the mouth of a patient is your opening to talk about the mouth-body connection:

- 1 Explain the seriousness of gum disease caused by plaque that forms below the gumline. Research consistently has documented the association between oral infections—primarily from gum disease—and diabetes, heart disease, stroke, preterm births and other conditions.
- 2 Remind patients about the importance of regular dental checkups as a preventive health measure. A dentist can remove plaque, fill cavities and correct other oral health problems before they become serious.



## Medical Record Standards

Following guidelines can help ensure quality and privacy.

**A**bsolute TOTAL Care providers must have a medical record system that ensures the highest quality healthcare services are provided to members. The medical record-keeping system must ensure confidentiality and allow access for quality reviews in accordance with HIPAA guidelines, while also ensuring records are kept current in a detailed, organized and comprehensive manner.

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.

Complete medical records must be maintained for members in accordance with current federal and state requirements. Below is a partial list of standards. The entire list can be found in the provider handbook, which can be obtained on our website or by calling Provider Relations.

### Partial Guidelines for Patient Files

- Member's name and/or medical record number on all chart pages
- Personal/biographical data is present (i.e., employer, home telephone number, spouse, next of kin, etc.)
- All entries must be dated and signed, or dictated by the provider rendering the care
- Medication, allergies and adverse reactions are prominently documented in a uniform location in the medical record; if no known allergies, NKA or NKDA is documented
- An up-to-date immunization record is established for pediatric members or an appropriate history is documented in adult members' charts
- Past medical history (for members seen three or more times) is easily identified and includes any serious accidents, operations and/or illnesses, discharge summaries and ER encounters; for children and adolescents (18 years and younger) past medical history relating to prenatal care, birth, any operations and/or childhood illnesses

Medical records may be audited to determine compliance with required standards for documentation. The coordination of care and services provided to members, including over- or underutilization of specialists, as well as the outcome of such services, also may be assessed during a medical record audit.

ABSOLUTE TOTAL CARE

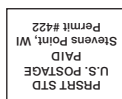
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## MEMBER RIGHTS AND RESPONSIBILITIES

Our members have many rights, as well as several responsibilities. These rights cover their treatment, privacy and access to information.

We list several rights here. There are many more and we encourage you to consult your provider handbook to learn about all of them.

### Member rights include, but are not limited to:

- Receiving all services that we 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

### Some 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

→ View the rest of the rights and responsibilities on our website, [www.absolutetotalcare.com](http://www.absolutetotalcare.com).



### ONLINE RESOURCE:

If you know parents or guardians who question the value of vaccinations, check out this CDC resource, [www.cdc.gov/Nip/publications/flyers/f\\_parents\\_questvax\\_hcp.pdf](http://www.cdc.gov/Nip/publications/flyers/f_parents_questvax_hcp.pdf).



## Regular Health Checkups

### How to encourage preventive care.

**T**hanks to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program and others like it, many children and adolescents have benefited from improved health and developmental gains.

Because the preventive services EPSDT offers are so comprehensive, navigating the schedule of screenings and checkups can be tricky for parents and guardians. That's where you can help.

As the primary care provider, you can communicate the value of preventive care to families and remind 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.

Whether snail mail or text, find out and use family members' preferred ways of getting reminders and tips about checkups, screenings and immunizations.

### The Value of Vaccination

Prepare new parents for a rigorous immunization schedule that starts at the baby's birth because infants need protection early. When faced with patients or family members who are wary about vaccinations, listen to their concerns and address each one. Hit on these two main points:

- 1 Not getting vaccinated creates potentially serious health risks—for the individual as well as for others.
- 2 Vaccines work. They're tested and monitored for safety. No scientific relationship has been found between vaccines and autism.

→ For a complete list of recommended immunizations, see the next page.

## Good to Know: Lead Screenings

In place of universal blood lead level (BLL) screening of Medicaid-eligible children ages one to five, states may now screen specific targets based on local risk for elevated BLLs.

If a Medicaid-eligible child between one and five meets any one of the CDC-recommended criteria listed below, he or she is considered at higher risk for elevated 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).

Due to HEDIS measures, patients should receive their lead screening prior to their second birthday.



# Recommended Immunization Chart:

## Birth Through 18 Years Old

AGE	HepB Hepatitis B	DTaP/ Tdap Diphtheria, tetanus, pertussis	Hib <i>Haemo- philus influenzae</i> type b	Polio	PCV Pneumo- coccal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chicken- pox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningo- coccal conjugate	Influenza Flu
Birth	✓											
2 months	✓ (1–2 mos)	✓	✓	✓	✓	✓						
4 months	✓ <sup>1</sup>	✓	✓	✓	✓	✓						
6 months		✓	✓ <sup>2</sup>		✓	✓ <sup>2</sup>						
12 months	✓ (6–18 mos)		✓ (12–15 mos)	✓ (6–18 mos)	✓ (12–15 mos)		✓ (12–15 mos)	✓ (12–15 mos)	✓✓ (2 doses given 6 mos apart at age 12–23 mos)			
15 months		✓ <sup>4</sup> (15–18 mos)										
18 months			Catch- up <sup>5</sup> (to 5 years)	Catch- up <sup>5</sup>	Catch- up <sup>5</sup> (to 5 years)		Catch- up <sup>5</sup>	Catch- up <sup>5</sup>				
19–23 months		Catch- up <sup>5</sup>		Catch- up <sup>5</sup>			Catch- up <sup>5</sup>	Catch- up <sup>5</sup>				✓ <sup>3</sup> (given each fall or winter to children ages 6 mos– 18 years)
4–6 years		✓		✓			✓	✓				
7–10 years	Catch- up <sup>5</sup>	Catch- up <sup>5</sup>							Catch- up <sup>5</sup>			
11–12 years		✓ Tdap		Catch- up <sup>5</sup>			Catch- up <sup>5</sup>	Catch- up <sup>5</sup>	Catch- up <sup>5</sup>	✓✓✓ <sup>6</sup>	✓	
13–18 years		Catch- up <sup>5</sup> (Tdap/Td)								Catch- up <sup>5,6</sup>	Catch- up <sup>5,7</sup>	

**Please note: Some children may need additional vaccines.**

- Infants may not need a dose of HepB at age four months depending on the type of vaccine used.
- Infants may not need a dose of Hib vaccine or RV vaccine at age six months depending on the type of vaccine that their healthcare provider uses.
- One dose is recommended for most people. Children younger than nine years who are receiving influenza vaccine for the first time, or who received only one dose in the previous season (if it was their first vaccination season), should receive two doses spaced at least four weeks apart this season.
- This dose of DTaP may be given as early as age 12 months if it has been six months since the previous dose.
- If a child's vaccinations are delayed or missed entirely, they should be given as soon as possible.
- All girls and women ages 11 through 26 years should be vaccinated with three doses of HPV vaccine, given over a six-month period. Boys and men ages 11 through 26 years may also be vaccinated with one of the HPV vaccines (Gardasil) to reduce their likelihood of getting genital warts. The vaccine may be given to children as young as age nine years.
- If a teenager is enrolling in college and planning to live in a dormitory and hasn't previously been vaccinated against meningococcal disease, he or she should be vaccinated now.





**SPEND LESS TIME ON THE PHONE BY USING OUR ONLINE TOOLS. CHECK OUT THE PROVIDER PORTAL AT [WWW.ABSOLUTETOTALCARE.COM](http://WWW.ABSOLUTETOTALCARE.COM).**



## **Subrogation Assistance** You can help us recover expenses.

**P**lease note that HMS is contracted with Centene/Absolute TOTAL Care to identify and recover medical expenditures where there is another liable third party. Pursuant to Section 1902(a)(25) of the Social Security Act, 42 CFR 433.135 and individual state rules and regulations, Centene/Absolute TOTAL Care has a right of recovery against the liability of any third party for the cost of medical services and

care arising out of the injury, disease or disability of a Medicaid recipient. Medicaid is deemed the payor of last resort by federal and state law.

We are specifically requesting your assistance in identifying liability cases where Centene/Absolute TOTAL Care has been billed and an alternate insurance carrier has subsequently been identified. Upon receipt of this information, we ask that you forward it on to HMS.

You may use our web referral form: [https://mru.hmsy.com/sub/hms\\_subrowebreferralfom.htm](https://mru.hmsy.com/sub/hms_subrowebreferralfom.htm). Or you can directly contact our Centene/Absolute TOTAL Care caseworkers at the address below:

**HMS**  
**5615 High Point Drive, Suite 100**  
**Irving, TX 75038**  
**Toll-free phone: 1-877-835-7068**  
**Toll-free fax: 1-866-389-2706**



**1-866-433-6041**

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