

SPRING 2010

TAKE NOTE

Remember to submit encounters and claims forms in a timely fashion. EPSDT encounters and claims are due 365 days after services are rendered. Submit the forms to:

Absolute TOTAL Care
P.O. Box 3050
Farmington, MO 63640-3821

HOW WE PROTECT INFORMATION

Collectively, we refer to our members' health information as protected health information (PHI). We take privacy and confidentiality of our members' health information seriously. We have processes, policies and procedures in place to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state privacy law requirements.

By law, medical records and information must be protected from public access. Any information released must comply with the HIPAA guidelines. We send Privacy Notices to all members in a new-member packet.



'Tis the Season Springtime is HEDIS time—and that means medical record review.

You will probably receive requests from several health plans to review certain medical records. The requests you receive for record reviews mean that you've chosen to be associated with quality-conscious health plans like Absolute TOTAL Care. The information requested, along with claim and encounter information, will become part of each plan's HEDIS information. HEDIS comprises more than 20 "effectiveness of care" type measures, as well as "access to care" and "use of services" measures based on claims and medical record data.

HEDIS information serves as the basis for a health plan's report card as determined by the National Committee for Quality Assurance, or NCQA, a national accreditation organization. The report card shows the level of quality of the services the plan provides to its members through you, the provider. HEDIS is a standardized data format, so members, purchasers and government regulators can use the data to compare the quality of care provided by different health plans.

Further, when your own processes follow HEDIS standards:

- You are following a road map toward quality excellence.
- Less medical chart information may be requested for annual HEDIS reviews by health plans, because more data will have been reported.
- You will already be working within the framework needed to help you benefit from any future state-sponsored "Pay for Performance" initiatives.

In order for the plan to achieve accreditation, it's very important for you to be as accurate as possible in documenting all of your patient interactions. Your precise reporting of patient information and interactions directly affects the health plan's NCQA calculations

and its performance relative to its peers. We seek to be a top-tier healthcare organization and require your help to achieve it.

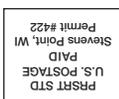
→ Please contact
**Absolute TOTAL Care's
Quality Improvement
Department or Provider
Services at 1-866-433-6041
for more information.
HEDIS results are available
on www.absolutetotalcare.com
or upon request.**

ABSOLUTE TOTAL CARE

1441 Main Street, Suite 900
Columbia, SC 29201

1-866-66-433-6041
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PS4





A Matter of Control

Teens managing asthma may need unique support.

Remember what it was like to be a teenager? Now add asthma to the mix of emotional and physical growing pains.

As a primary care provider treating young people with asthma, your challenge is to develop an effective asthma management plan. Being sensitive to the concerns of a patient's age group will help gain treatment buy-in, thereby helping to prevent future complications.

Consider these factors when you're working with teens who have asthma:

- **Adolescence is about fitting in.** Because asthma makes them feel different from their peers, young asthma

patients may deny their condition and skip medications. Structure a plan in which medications are taken in private or at home, before or after school. They may benefit from support groups for teens with asthma, including those promoting online exchanges using popular social media, like Facebook and Twitter.

- **Adolescence is about exerting control.** Control is the ultimate goal of asthma management, so it makes sense that patients become key players in the development and refining of their management plans. Place as much responsibility for asthma control with them as is realistic for their

level of maturity and self-discipline.

- **Adolescence can be scary.** Despite displays of bravado, teens are facing a lot of uncertainty as they make their way toward adulthood. Structure can provide them with a degree of comfort, particularly if they have a voice in the decision-making process.

Also, make resources available to them in a variety of media formats because becoming more knowledgeable about how to control their condition can also ease anxieties. Consider their cultural beliefs and background as well as literacy level to optimize the effectiveness of your care.



Take a Closer Look

Monitor your patients' inhaler refills. More refills than expected indicate overuse. The problem may be uncontrolled asthma, in which case you and your patient need to review the asthma plan to find out what's not working.

If nothing seems amiss in adherence to the plan, it's possible the problem may be poor technique. Ask your patient to describe inhaler use step by step, then together go over the instructions included in the inhaler packaging, including priming and cleaning. It may be helpful to watch your patient use the inhaler, and then together watch an inhaler-demonstration video. Check the inhaler manufacturer's website.

TIPS for Claims Processing

All claims received for processing must first pass specific minimum edits prior to processing.

We've compiled a list of tips to help ensure first-time claims are clean and contain all the necessary data elements—as well as a checklist for adjustments and appeals.

→ When You're Processing Claims:

- Submit claims via EDI whenever possible.
- Use red HCFA forms, not photo-copied or black-and-white forms.
- Bill using CMS guidelines with required information in the appropriate fields.
- Check that the font is legible. Avoid using 8-point font, matrix-dot printed information and hand-written billings.

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- Include all other primary insurance information, such as policy holder, carrier name, identification number and address.
- Provide complete EOB from the primary insurance carrier. Do not submit two-sided correspondence.
- Use paperclips instead of staples.
- Be sure that any correspondence documents (such as medical records and consent forms) contain the member's name, ID number and claim number, if applicable.

- Do not highlight information on the claim, which may make it illegible.

→ For Adjustments and Appeals:

- Use correct form or a cover letter, indicating what is incorrect or needs to be adjusted.
- Corrected claims should be marked as a corrected claim to avoid being considered as a duplicate submission.
- List the original claim number on an adjustment request.
- Include the member's name, ID number, claim number and date of service on the refund check stub.



The Pharyngitis Phenomenon

Every year, doctors are overrun with parents who want testing and treatment for sore throats.

Winter and early spring are peak season for office visits by patients seeking treatment for sore throat. There are numerous causes of inflammation of the pharynx, including colds, flu, sinus drainage and environmental irritants. With infectious pharyngitis, the mucosa of the pharynx becomes inflamed after invasion by either a virus (as with mononucleosis) or a bacterium (as with strep throat).

Worried parents of young patients need to be reminded that some sore throats clear up on their own within a few days with no medical intervention needed other than over-the-counter remedies. Explain that antibiotics are reserved for cases such as strep throat, which is detected by testing.

Encourage parents 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 (pus)
- Swollen neck glands (lymph nodes)

When providing guidance on how to assess the seriousness of a child's sore throat, use simple language. Something as straightforward as a checklist of symptoms and instructions on what steps to take can be an effective tool.

Get the Word Out

In winter and early spring, distribute a checklist of causes, symptoms and treatments for sore throat that also explains when to call the doctor.

Display the information in your waiting room and post it on your practice's website.

A Good Beginning

With your help, we can identify pregnant members and direct them to the services they need in order to have the healthiest possible birth and baby.

When you submit the Notification of Pregnancy (NOP) form, you're helping us reach women early in their pregnancy so that those who are considered high-risk can be quickly 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. You, your staff and patients can learn more at www.startsmartforyourbaby.com.

Utilization Management

Details about UM criteria.

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.

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 or service care.

We have adopted utilization review criteria primarily developed by McKesson InterQual Products. Criteria are developed by specialists representing a national panel from community-based and academic practice. Criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Criteria are established and updated with appropriate involvement from physician members of our Quality Improvement Committee.

InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment. 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.

Providers may obtain the criteria used to make a decision by contacting our Medical Management Department.

Education as Prevention

Our disease management (DM) program proactively identifies and educates populations with, or at risk for, chronic medical conditions.

Disease management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant, such as asthma, COPD and diabetes. Disease management follows evidence-based guidelines such as the American Heart Association and the American Diabetes Association.

Disease management programs generally are offered telephonically, involving a trained nursing professional, and require an extended series of interactions, including a strong educational element. Our programs emphasize prevention, and members are expected to play an active role in managing their diseases. Disease management differs from case management primarily due to its preventive nature, whereas case management intervenes when a patient already has an established history of treatment for his or her illness and requires coordinated care.

We always accept referrals to case or disease management from our providers. To refer a member, please call 1-866-433-6041.

We may delegate management of specific DM programs to our subsidiary, Nurtur®. Nurtur provides not only traditional clinical education, but also advanced motivational techniques and a wide array of services to remove the life barriers that get in the way of health.

 **CHECK OUT OUR WEBSITE AT**
WWW.ABSOLUTETOTALCARE.COM for
more information about guidelines and patient resources.

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TOTAL[™]



1-866-433-6041
WWW.ABSOLUTETOTALCARE.COM