provider report

ABSOLUTE TOTAL CARE
TOTAL®
Healthy Connections

FALL 2013 | WWW.ABSOLUTETOTALCARE.COM

Updates to the 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. They can visit **www.absolutetotalcare.com** and select "Find a Provider."

Members may also call our Member Services at **1-866-433-6041,** Monday through Friday, 8 a.m.–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 **1-866-433-6041,** Monday through Friday, 8 a.m.–5 p.m.

How We Strive for Quality

Absolute Total Care's primary quality improvement goal is to advance members' health through a variety of meaningful activities implemented across all care settings. Our culture and processes are structured around this mission and our Quality Improvement (QI) program is a critical part of these efforts.

SCOPE: The scope of our QI program is comprehensive, addressing the quality and safety of clinical care and services provided to our members—including physical, behavioral, dental and vision care. Absolute Total Care incorporates all demographic groups, care settings and services in our QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care and ancillary services.

OBJECTIVES & METRICS: As we strive to improve the health of our members, the QI program is involved in planning and monitoring several metrics. Components include, but are not limited to:

- QI studies.
- Investigation and tracking of potential quality of care and quality of service complaints.
- Ongoing monitoring of key performance measures such as access and availability.
- Ensuring members with chronic conditions are getting recommended tests and appropriate medications for their condition.
- Conducting member satisfaction surveys.
- Provider feedback via surveys, committee participation and direct feedback.
- Monitoring utilization management effectiveness.
- HEDIS® data reporting.

Learn more about the QI program online at **www.absolutetotalcare.com** or call us at **1-866-433-6041.**

Let Our Standards Be Your Starting Point

Absolute Total Care's 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, we adopt preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and statewide collaborative. 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.

Preventive and chronic disease guidelines include:

- ADHD
- Adult preventive
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations, including Influenza and Pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records. 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.

GET THE GUIDELINES: For the most up-to-date version of preventive and clinical practice guidelines, go to www.absolutetotalcare.com. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

COUNTDOWN TO ICD-10 COMPLIANCE

ICD-10 OVERVIEW

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. healthcare settings. Diagnosis coding under ICD-10-CM uses three to seven digits instead of the three to five digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10-PCS uses seven alphanumeric digits instead of the three or four numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. (**www.cms.gov/ICD10**)

The health plan will be ICD-10 compliant by 10/1/2014. The health plan will be able to process (send/ receive) transactions and perform analytics using ICD-10 diagnosis and procedure codes. Providers must submit claims with codes that align with CMS and state guidelines.

Compassionate Care

The road to developing a culturally competent practice begins with the recognition and acceptance of the value of meeting the needs of your patients. We want to help you reach this goal. Take into consideration the following as you provide care:

- What are your own cultural values and identity?
- How do cultural differences impact your relationship with your patients?
- How much do you know about your patient's culture and language?
- Does your understanding of culture take into consideration values, communication styles, spirituality, language ability, literacy, home health remedies and family definitions?
- Do you embrace these differences as allies in your patients' healing process?

When Are Your Services Available?

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

When scheduling appointments, members should be able to get an appointment as follows:

APPOINTMENT TYPE	ACCESS STANDARD
Routine visits	Within four (4) to six (6) weeks
Urgent, non-emergency visits	Within 48 hours
Emergent or emergency visits	Immediately upon presentation at a service delivery site
Twenty-Four (24) Hour Coverage	24 hours a day, 7 days a week or triage system approved by SCDHHS
Office wait time for scheduled routine appointments	Not to exceed 45 minutes

For office wait times, these standards should be followed:

- Wait 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 within 48 hours.

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.

Help Us Improve HEDIS Scores

HEDIS—the Healthcare Effectiveness Data and Information Set—is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS provides purchasers and consumers with reliable information to compare the performance of healthcare plans.

At Absolute Total Care, we review HEDIS rates on an ongoing basis and continually look for ways to improve our numbers as part of our commitment to providing access to high-quality and appropriate care to our members. While final HEDIS rates are reported to NCQA and state agencies every year, we monitor these scores on an ongoing basis.

Please take note of the HEDIS measures highlighted in this issue: women's health screenings, flu, pharyngitis, lead screenings, well-child health checks (EPSDT), immunizations.

FLU SHOTS FOR ADULTS AGES 18 TO 64

This recently updated HEDIS measure was expanded to include adults 18 to 49. Don't miss a chance to protect your patients and community from this year's flu. Ask every patient you see if they have received their vaccine. Staff members who make appointments should check with patients about their flu vaccine status. Lastly, make sure you and your staff get the annual vaccine.

Women's Health Screenings

- **BREAST CANCER:** This recently updated HEDIS measure now monitors the percentage of women 50 to 74 years old who had a mammogram to screen for breast cancer in the last year. According to the Centers for Disease Control and Prevention, mammograms are the best method to detect breast cancer early, when it is easier to treat and before a tumor is big enough to feel or cause symptoms.
- **CERVICAL CANCER:** This measure reviews the number of women who were appropriately screened according to evidence-based guidelines. The 2014 HEDIS measures allow for two appropriate methods of screening: cytology performed every three years in women 21 to 65 years old and cytology/HPV co-testing performed every five years for women 30 to 65 years old.
- **CHLAMYDIA:** This measure looks for one chlamydia test per year for sexually active women 16 to 24 years old. Start the conversation about this potentially serious STI by reassuring patients that screening is simple and can be non-invasive. Explain that there may be no symptoms, but treatment is easy. Add the chlamydia screening as a standard lab for women in this demographic.

Prevention First, Screening Always

Patients living in low-income communities, particularly in some urban areas or around highways, may find it nearly impossible to avoid lead exposure, but keeping your patients informed about potential lead sources can help minimize the risk of poisoning.

Lead-based paints, though banned, can still be found on the walls of older buildings all across the country, and the majority of lead poisoning incidents in children are the result of eating lead-based paint chips. Older buildings are also often outfitted with lead piping, which can release particles into tap water. Patients should consult their local public health department for ways to identify and reduce lead in their homes. More easily avoided sources are certain traditional remedies, including azarcon, litargirio, ba-baw-san, ghasard and daw tway. Additionally, some substances traditionally used as cosmetics, for instance kohl, may contain lead.

The good news? Public awareness and screening initiatives are working. According to the CDC, since lead testing became common and public efforts to reduce lead exposure increased, confirmed cases of elevated blood lead levels have dwindled to fewer than 500,000 in 2011, down from more than 4 million in 1999. You can help continue this downward trend in cases by screening patients under 2 for increased blood lead levels.

Appropriate testing for children with pharyngitis

This measure is checking for patients 2 to 18 years old who had a diagnosis of pharyngitis, strep throat, or tonsillitis and whether they received a strep test before antibiotics were prescribed. Provider offices should remember to conduct a rapid strep or throat culture to confirm diagnosis before prescribing antibiotics. Educating patients and caregivers about ways to relieve discomfort is also valuable: Recommend acetaminophen for pain and fever, extra fluids, rest and salt water gargles.

Recommended Childhood and Adolescent Immunization Schedule

Well-child visits are a perfect time to remind parents and caregivers about the importance of keeping up on immunizations. Below is the recommended vaccine schedule to help keep children healthy and prevent serious disease.

VACCINE	BIRTH	1 MO.	2 MOS.	4 MOS.	6 MOS.	9 MOS.	12 MOS.	15 MOS.	18 MOS.	19–23 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						
											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	Tdap	Tdap	Tdap		
HAEMOPHILUS INFLUENZAE TYPE B			Hib	Hib	Hib	Hib	Hib		Hib								
HPV														HPV Series	HPV Series		
PNEUMOCOCCAL			PCV	PCV	PCV	PCV	PCV		PCV			PCV					
INACTIVATED POLIOVIRUS			IPV	IPV	IPV					IPV		IPV	IPV				
INFLUENZA					Influenza (yearly)												
MEASLES, MUMPS, RUBELLA							MMR		MMR			MMR					
VARICELLA							Var		Var			Var					
MENINGOCOCCAL			MCV								MCV			MCV	MCV	MCV	MCV
PNEUMOCOCCAL POLYSACCHARIDE (PPSV23)											PPSV23						

Range of recommended ages | Catch-up immunization | Certain high-risk groups

Your Role in Medication Management

Patients of all ages are adding pills to their daily lives. In addition to prescribed medication, they may take over-the-counter medications. Vitamins, dietary supplements or herbal remedies are also a possibility. With no medical person overseeing this menu of medications, the ingredients could possibly clash, causing dangerous side effects or drug interactions.

That's where physicians and their staff can make a big difference. Here's how:

- You make sure your patient's medications are taken as directed. You encourage patients to ask questions and report on side effects.
- Through your appointment coordinator, you ask patients to bring a list of any pills they take to their next checkup. You review the list for dangerous interactions or duplicates.
- You remind your patients to get rid of expired or discontinued meds.
- When you prescribe new medication, you check the patient's list of existing medications. You make certain that the patient understands when and for how long to take the medication. You also explain exactly why you are prescribing it.

Ensuring the Appropriate Use of Resources

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.

Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances 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.
- Provide financial incentives for UM decision makers that encourage decisions that result in underutilization.

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 practice. 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 Absolute Total Care at **1-866-433-6041.**

HOW TO REACH UM: Absolute Total Care's UM operates 8 a.m. to 5 p.m. If needed, clinical staff are available after business hours to discuss urgent UM issues. Please call **1-866-433-6041.**

Absolute Total Care Selected for Dual Eligible Program

Absolute Total Care has been selected by the South Carolina Department of Health and Human Services (SCDHHS) to provide coordinated and integrated care for individuals who are eligible for both Medicare and Medicaid as part of the state's pilot program.

The innovative program, titled Healthy Connections Prime, realigns incentives so Medicare and Medicaid services can work in a single system managed by a single entity that is accountable for the quality and cost of these services.

SCDHHS, which recently signed a Memorandum of Understanding (MOU) with the Centers for Medicare & Medicaid Services (CMS), had received prior federal funding to design the innovative service delivery model, titled Healthy Connections Prime. Enrollment and participation in Healthy Connections Prime is voluntary and participants may opt out at any time. The program is expected to serve approximately 53,600 of the dual-eligible beneficiaries in the state. Beneficiaries can begin selecting a plan July 1, 2014, and those who do not choose a plan will be automatically assigned to a plan on January 1, 2015. Members in the pilot program will be able to receive both Medicare and Medicaid services, plus additional behavioral health and community support services under a new option for dual-eligible individuals.

Providers may call **1-877-658-0326** to request a mailed copy of a contract. A member of Absolute Total Care's Network Development team is also available to meet with providers to answer questions and pick up completed contracts.

Thank You for Speaking Up

We value our contracted network of providers, and we welcome your feedback in our annual practitioner satisfaction survey. Your satisfaction contributes to the satisfaction of our members.

If you took part in the survey conducted in the Fall of 2012, thank you. Absolute Total Care has reviewed and has applied what we learned to our list of priorities. Below are a few key findings from the survey results.

- Providers believe the timely response of Provider Relations and Provider Services staff in resolving claims issues is imperative.

ACTION: Two internal Provider Relations Reps with in-depth claims knowledge and experience in dealing with escalated provider issues were added to the Provider Relations team in April 2013 to aid in resolving claims issues.

- Providers believe taking their input and recommendations into consideration when making health plan improvements and changes is important.

ACTION: To make easier the determination of prior authorization (PA) necessity, an online PA tool was added to Absolute Total Care's website in September 2013.

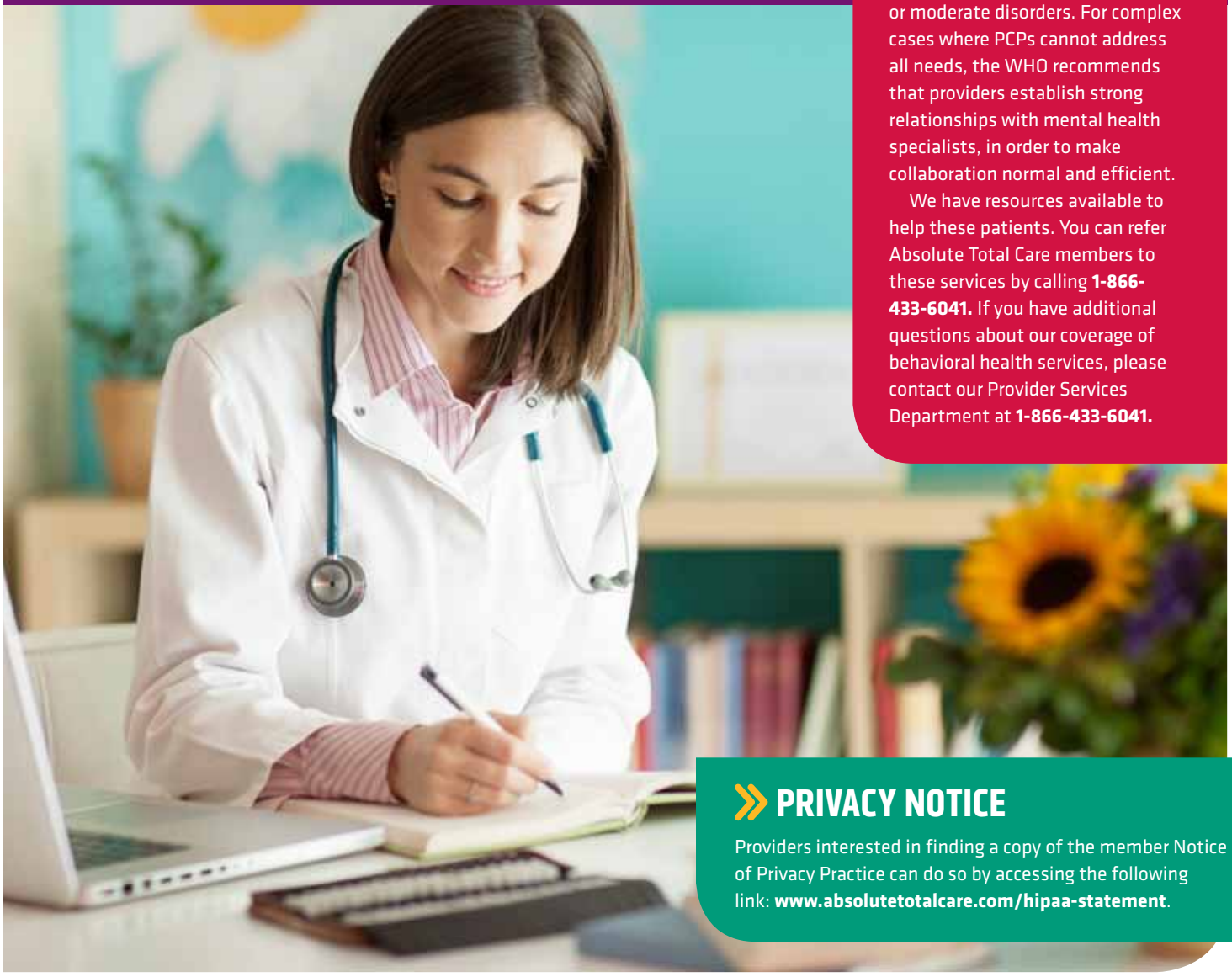
Absolute Total Care is currently reviewing the results of 2013's provider satisfaction survey and will provide key findings and our list of priorities soon.

Behavioral Health Resources

According to the National Institute of Mental Health, in a given year approximately one quarter of adults in the United States are diagnosable with one or more mental health disorders. Of that population, less than half are receiving treatment. Of those receiving treatment, approximately one-third–13 percent of the affected population–are receiving only minimally adequate treatment.

The World Health Organization (WHO) suggests that primary care providers (PCPs) may be the key to closing the treatment gap for untreated mental illnesses. The WHO recommends that PCPs incorporate behavioral screenings into standard checkups and be able to assess and treat those with mild or moderate disorders. For complex cases where PCPs cannot address all needs, the WHO recommends that providers establish strong relationships with mental health specialists, in order to make collaboration normal and efficient.

We have resources available to help these patients. You can refer Absolute Total Care members to these services by calling **1-866-433-6041.** If you have additional questions about our coverage of behavioral health services, please contact our Provider Services Department at **1-866-433-6041.**



PRIVACY NOTICE

Providers interested in finding a copy of the member Notice of Privacy Practice can do so by accessing the following link: **www.absolutetotalcare.com/hipaa-statement**.

SAVE TIME, ONLINE

Our online provider portal can help you increase efficiency. Below is a sample of the many functions you may access on the online portal:

- View your member roster with Absolute Total Care
- Check eligibility for the members assigned to you
- Request and obtain authorization status for members
- Submit a request for an authorization
- Check claim status
- File professional and facility claims
- View payments
- Print any forms available for members
- Use our claim auditing software when a procedure code is in question
- Take advantage of training and educational materials available to providers
- Determine if a prior authorization is required

To learn more about these online resources, contact your Provider Relations Representative directly or call Absolute Total Care at **1-866-433-6041.**

REMINDER: Submit Medical Records

Submission of insufficient medical records can cause delays in timely processing of authorization requests and increases the risk of potential denials. To help us process authorization requests accurately and efficiently, please be sure to submit sufficient medical information to justify the request. If you have questions or concerns about the type of medical information required, contact the Absolute Total Care's Medical Management Department at **1-866-433-6041.**

Record Keeping

Absolute Total Care requires participating practitioners to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members.

Please note, medical records must be:

- **Complete and systematic:** Medical records must be maintained in an organized system that's in compliance with the Absolute Total Care 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.
- **Maintained for a period of time:** 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.
- **Available for audits:** 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.**

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