



## Checkups keep kids healthy

Please remind parents that it is important for children to have a well-child visit every year. This annual checkup, including routine health screening, can help ensure that children are healthy and developing normally.

It is also important that teenagers receive an annual checkup. At this time, in addition to an evaluation of physical and emotional development, teenagers should be provided with education and guidance about sexual activity, drug use and smoking.

If a teenager is still seeing a pediatrician, it may be time to change to an adult primary care provider. You can help ensure that there are no breaks in a child's care by discussing this with the child's parents or guardians. Absolute Total Care will help members who are reaching adulthood choose an adult primary care provider. Members who need help selecting their provider or making appointments can call our Members Services staff at **1-866-433-6041**.

Share the chart on page 2 to remind members what immunizations their child or adolescent needs.

## Providing quality care

We're committed to providing access to high-quality and appropriate care to our members. Through HEDIS, NCQA holds Absolute Total Care accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Absolute Total Care also reviews HEDIS rates on an ongoing basis and looks for ways to improve our rates. Please consider the HEDIS topics covered in this issue of our provider newsletter: children's vaccines and lead screening. Also, review our preventive health and clinical practice guidelines at [absolutetotalcare.com](http://absolutetotalcare.com).

Providers play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

# Vaccines are a path to better community health

All members under the age of 18 should receive recommended immunizations, unless there are medical contraindications, or unless immunizations are contrary to the member's parents' religious beliefs.

Children should be immunized during medical checkups according to the current Advisory Committee for Immunization Practices (ACIP) Schedule. The most up-to-date recommendation for kids up to 18 years old can be found at [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules).

## Lead screening

Lead exposure is a known risk for long-term learning and behavioral problems. For children enrolled in Medicaid, federal law requires a blood lead level measured at 12 and 24 months of age. Children between the ages of 3 and 5 years of age must receive a blood lead test immediately if they have not been previously tested for lead poisoning.

| 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 | 13-15 YRS | 16-18 YRS |
|---|--|----------|----------|----------|-----------------|----------|---------------|--------|----------|-----------|---|---------|--|-----------|-----------|-----------|
| Hepatitis B (HepB)  | 1st dose                                   | 2nd dose |          | 3rd dose |                 |          |               |        |          |           |   |         |  |           |           |           |
| Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)                     |  |          | 1st dose | 2nd dose |                 |          |               |        |          |           |   |         |  |           |           |           |
| Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)                   |  |          | 1st dose | 2nd dose | 3rd dose        | 4th dose |               |        | 5th dose |           |   |         |  |           |           |           |
| Haemophilus influenzae type b (Hib)   |  |          | 1st dose | 2nd dose | 3rd or 4th dose |          |               |        |          |           |   |         |  |           |           |           |
| Pneumococcal conjugate (PCV13)  |  |          | 1st dose | 2nd dose | 3rd dose        | 4th dose |               |        |          |           |   |         |  |           |           |           |
| Inactivated poliovirus (IPV: <18 yrs)                                       |  |          | 1st dose | 2nd dose | 3rd dose        |          |               |        |          |           |   |         |  |           |           |           |
| Influenza (IIV; LAIV)   | Annual vaccination (IIV only) 1 or 2 doses |          |          |          |                 |          |               |        |          |           | Annual vaccination (LAIV or IIV) 1 or 2 doses |         | Annual vaccination (LAIV or IIV) 1 dose only |           |           |           |
| Measles, mumps, rubella (MMR)   |  |          |          |          |                 | 1st dose |               |        | 2nd dose |           |   |         |  |           |           |           |
| Varicella (VAR)   |  |          |          |          |                 | 1st dose |               |        | 2nd dose |           |   |         |  |           |           |           |
| Hepatitis A (HepA)  |  |          |          |          |                 |          | 2-dose series |        |          |           |   |         |  |           |           |           |
| Meningococcal (Hib-MenCY > 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos) |  |          |          |          |                 |          |               |        |          |           |   |         | 1st dose                                     |           | Booster   |           |
| Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)                   |  |          |          |          |                 |          |               |        |          |           |   |         | (Tdap)                                       |           |           |           |
| Human papillomavirus (2vHPV: females only; 4vHPV, 9vHPV: males and females) |  |          |          |          |                 |          |               |        |          |           |   |         | (3-dose series)                              |           |           |           |
| Meningococcal B   |  |          |          |          |                 |          |               |        |          |           |   |         |  |           |           |           |
| Pneumococcal polysaccharide (PPSV23)  |  |          |          |          |                 |          |               |        |          |           |   |         |  |           |           |           |

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
- No recommendation

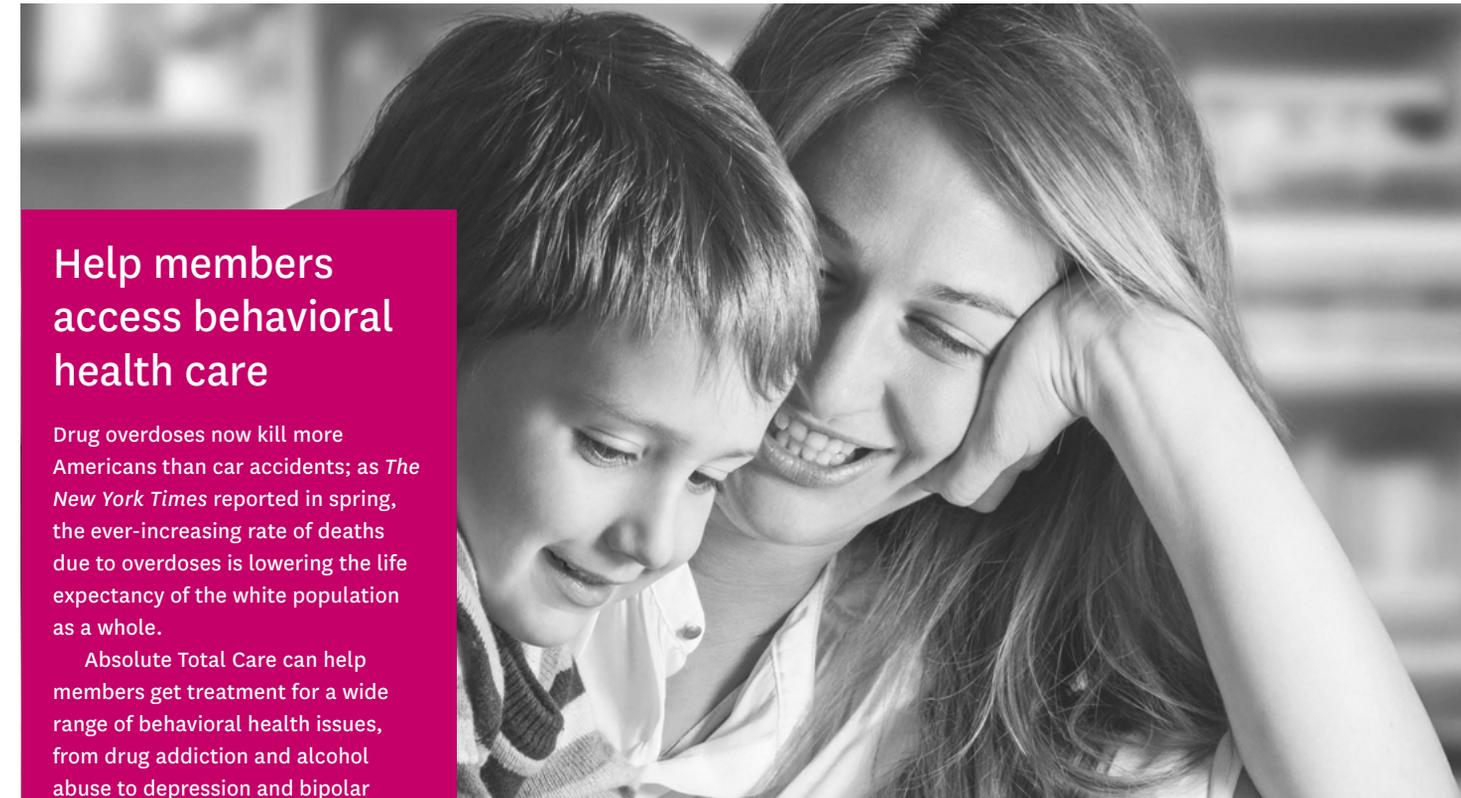


# Meeting appointment accessibility standards

Accessibility is defined as the extent to which a patient can obtain available services when they are needed. The availability of our network practitioners is key to member care and treatment outcomes.

Absolute Total Care evaluates compliance with these standards on an annual basis and uses the results of appointment standards monitoring to ensure adequate appointment accessibility and reduce unnecessary emergency room utilization.

| APPOINTMENT TYPE                                    | ACCESS STANDARD  |
|---|--|
| Routine visits with primary care provider (PCP)     | Within 4 weeks   |
| Routine visits with unique specialist               | Within 12 weeks  |
| Urgent, non-emergent visits                         | Within 48 hours  |
| Emergent visits                                     | Immediately upon presentation at a service delivery site                                     |
| 24-hour coverage                                    | 24 hours a day, 7 days a week by direct access or through a triage system approved by SCDHHS |
| Office wait time for scheduled routine appointments | Not to exceed 45 minutes   |
| Walk-in patients with non-urgent needs              | Should be seen if possible or scheduled for an appointment                                   |



## Help members access behavioral health care

Drug overdoses now kill more Americans than car accidents; as *The New York Times* reported in spring, the ever-increasing rate of deaths due to overdoses is lowering the life expectancy of the white population as a whole.

Absolute Total Care can help members get treatment for a wide range of behavioral health issues, from drug addiction and alcohol abuse to depression and bipolar disorder. If you identify a patient who is struggling with a mental or behavioral health issue by noticing changes in a patient's behavior or health, such as unexplained weight loss or weight gain, reduced concentration, a loss of interest in activities that were once enjoyable and physical symptoms like heart palpitations, or other signs of changing mental health, such as a patient who stops caring for his physical appearance or a patient who complains of sleep troubles, let them know that help is available.

For members that need behavioral health services, Absolute Total Care Care Managers can assist you in finding the appropriate behavioral health provider to see the member. You can reach Case Management at **1-866-433-6041**.

## Ensuring appropriate, quality care

Absolute Total Care has utilization and claims management systems in place to identify, track and monitor care provided to our members. We do not reward practitioners, providers or employees who perform utilization reviews or issue denials of coverage or care.

Utilization Management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Absolute Total Care uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process which includes thorough review of scientific evidence and input from relevant specialists.

Criteria are periodically evaluated and updated with appropriate involvement from physician members of our UM Committee.

Providers may obtain the criteria used to make a specific decision, discuss any UM denial decisions with a physician or other appropriate reviewer, or discuss any other UM issue by contacting the Medical Management Department at **1-866-433-6041**.

