



Provider Connection

November is Diabetes Awareness Month.

The American Diabetes Association's mission of the professional education program is to affect the quality of treatment and improve patient outcomes for persons with diabetes by providing quality education for those healthcare professionals who provide their care. For Professional Education and Continuing education opportunities go to <http://professional.diabetes.org>

Communicable Disease Reporting in Michigan

Health care providers are required to report communicable disease for several reasons. The most common reasons are listed as follows:

- ◇ To identify outbreaks and epidemics. If an unusual number of cases occur, local health authorities must investigate to control the spread of the disease.
- ◇ To enable preventive treatment and/or education to be provided.
- ◇ To help target prevention programs, identify care needs, and use scarce prevention resources efficiently.
- ◇ To evaluate the success of long term control efforts.
- ◇ To facilitate epidemiologic research to uncover a preventable cause.
- ◇ To assist with national and international disease surveillance efforts. For some diseases that are unusual in Michigan, we are part of a national network that the federal government depends on to determine whether national or international investigations are needed.

The presence or suspected presence of all reportable diseases, infections, and conditions are required to be reported to the appropriate local health department. The "appropriate local health department" means:

the local health department that has jurisdiction where an individual who has a disease or condition that is required to be reported resides **or** the local health department of the county in which your service facility is located.

For more information on Michigan's Communicable Disease Rules go to <http://www.michigan.gov/mdch>

Flu Vaccine

Flu activity in the United States is low now, making this an excellent time to get a flu vaccine. This season, everyone 6 months and older should get vaccinated, even if they got a seasonal or 2009 H1N1 vaccine last season. The 2010-2011 flu vaccine has been updated to protect against the three flu viruses that CDC expects will cause the most illness in the United States this season.

Quality Improvement Program

Total Health Care's (THC) Quality Improvement (QI) Program is based on the principles of continuous quality improvement. The QI Program's purpose is to provide a framework that enables THC to ensure Plan members have access to and receive high quality health care and preventative services that promote wellness. THC's Board of Directors recognizes that achieving optimal health outcomes requires the collaboration of the Plan, the provider network, and the membership.

The QI Program is designed to meet state and federal requirements and is structured to meet accreditation standards. The QI Program incorporates the utilization management process of the Plan, and while a specific Utilization Management Plan has been adopted, all aspects of the QI Program and Utilization Management Plan are linked. Additionally, the QI Plan is linked to the THC's Risk Management Program.

The QI program, policies and procedures are evaluated at least annually, and revised as necessary. Upon request, THC will provide information to members and practitioners about the QI Program, including a description of the QI Program, and a report on the Plan's progress toward achievement of annual goals. For a copy of this year's QI Program document, contact the QI Manager at 313-871-2000 ext 254.

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CAPILLARY LEAD TESTING: MEDTOX

We need your help to ensure that all children have at least one (1) blood lead test on/or before their second birthday. Here's how!

The Michigan Department of Community Health (MDCH) partners with **Medtox** to provide our practitioners with a convenient method to obtain a blood sample for lead testing. Medtox has worked with numerous pediatricians, clinics, hospitals, laboratories and health departments to positively impact blood lead screening rates through a distinctive test that the company offers: filter paper lead screen.

Medtox provides filter paper lead kits at **NO CHARGE** for capillary blood lead testing. The lead kits include:

Lancet, 2 band aids, Gauze pad, Alcohol swabs, Filter paper, Mailing envelope, Requisition form, Paper towel

Blood lead testing can be quick and simple. Obtaining a quick finger stick sample while mom and baby are still in the practitioner's office is the easiest and quickest way to get the test done. With the **Medtox** test kit:

Only TWO DROPS of finger stick blood are required to obtain a quantitative blood lead screen. Once collected, the samples are sent to the Medtox laboratory in prepaid envelopes via the U.S. Mail. Medtox faxes the results to the PCP and to the Michigan Lead Department of Community Health (*usually within 48 hours of sample receipt at the Medtox laboratory*).

Contact **Medtox** at 1-877-725-7241 or 1-800-832-3244 to obtain a supply of **Medtox** kits.

FRAUD & ABUSE PREVENTION

Total Health Care recognizes combating healthcare fraud is a system wide challenge. It will take a collaborative effort with providers and members to improve the detection of fraudulent and abusive activities within our Plan. Combating fraud and abuse begins with knowledge and awareness of what is fraud and abuse.

Definitions:

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law (42 CFR §455.2).

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program (42 CFR §455.2).

Examples of member fraud include:	Examples of provider fraud include:
Loaning or using another's ID	Billing for services not provided
Changing or forging an order or prescription	Billing for services not rendered
Selling prescription drugs or supplies obtained under healthcare benefits	Billing for additional, unnecessary treatment
Providing false information when applying for benefits or services	Billing for duplicate payments
	Unbundling procedures

If you have any information about fraud and abuse, please contact Total Health Care. It is not required that you give us your name. Notification of suspected fraud and abuse can be made anonymously. Reports can be made by calling, writing, or emailing Total Health Care at:

Mail: Total Health Care
 Fraud and Abuse Dept.
 3011 W. Grand Blvd., Suite 1600
 Detroit, MI 48202
 Call: (800)826-2862 or (313)871-2000
 Email: results@thc-online.com

You can also report suspected Medicaid fraud and abuse, directly, with or without giving your name, to the Medicaid Integrity Program Section by calling (866) 428-0005 or sending a memo or letter to:

Medicaid Integrity Program Section
 Capitol Commons Center Building, 6th floor
 PO Box 30479
 400 S. Pine Street
 Lansing, MI 48909-7979

PHARMACY NEWS

Drug Review Updates

THC's Pharmacy & Therapeutic Committee met in September 2010 and made the following drug updates:

Antidepressants Therapy Class Review

Commercial Formulary - Remeron Sol Tabs added

MiChild Formulary – Mental Health drugs covered by Community Mental Health

Estrogens and Progestins Therapy Class Review

Medicaid and Commercial Formulary- Added Gender Edit limiting use to Females

Testosterones Therapy Class Review

Medicaid and Commercial Formulary- Androderm Patches limited to daily dose 2 patches per day (2.5mg) and 1 patch per day (5mg). Added Gender Edit limiting use to Males.

Inhaled Corticosteroid Long Acting Beta 2 Agonist Therapy Class Review

Medicaid and Commercial Formulary- Advair Diskus and Symbicort limited to daily dose 2puffs/day (1 large inhaler per month).

The Committee continues to review this drug class for possible formulary changes in the coming months.

Actos/Actoplus Met

A step therapy will be placed where first line metformin must be tried prior to use of Actos/Actoplus Met.

Electronic Prescribing (e-prescribing)

Total Health Care (THC) in conjunction with our Pharmacy Benefit Manager provides Electronic Prescribing to THC's providers through Sure Scripts. E-prescribing has shown to increase efficiency of plan practices and accuracy in the prescribing process.

There is no cost for transactions to the prescriber, as long as they have an appropriate Electronic Medical Record system or e-prescribing system.

The system allows for member eligibility check, formulary downloads, and medication history retrieval.

E-Prescribing Benefits include increased safety, efficiency, formulary adherence, access to patient drug history, eligibility confirmation, prescriber convenience and improved patient satisfaction.

THC encourages prescribers to consider E-prescribing.

Drug Prior Authorization Criteria

Prior Authorization Criteria for prescription drugs is available upon request to the Pharmacy Department for THC Providers. If you would like a copy of specific drug criteria you may request it in writing or you may call the Pharmacy Department at 313-871-2000, and press 9.

Pharmaceutical Management Procedures

Visit the website to view the Condensed and Expanded Drug Formularies for Commercial and Medicaid Members. Listed under the Condensed formularies are THC's pharmaceutical management procedures to include generic substitution, step therapy, quantity limits, and prior authorization request. If you would like a copy of the formularies or pharmaceutical management procedures, you may call the Pharmacy Department at 313-871-2000, and press 9.

If you should have any pharmacy questions, please feel free to call us at 313-871-2000, option 9.

Documenting and Coding Chronic Conditions

Data shows up to 60% of members with chronic conditions in a given year do not have that diagnosis appear on a claim during the subsequent 12 month period.

Chronic conditions should be fully assessed annually to properly report the member's health status. All conditions that coexist at the time of the encounter, or affect patient management should be coded documented in the record, coded, and reported. Call Kris Mager, ABAD Care Coordinator, at 313-871-6597 for further information.

Coding Tips:

End stage renal disease: 585.6

Use *additional* codes to indicate the following:

- Renal dialysis status: V45.11
- Noncompliance with renal dialysis: V45.12

Metabolic Syndrome: 277.7

The American Heart Association and the National Heart, Lung, and Blood Institute recommend that the metabolic syndrome be identified as the presence of three or more of these components:

- Elevated waist circumference: Men — Equal to or greater than 40 inches (102 cm) Women — Equal to or greater than 35 inches (88 cm)
- Elevated triglycerides: Equal to or greater than 150 mg/dL
- Reduced HDL ("good") cholesterol: Men — Less than 40 mg/dL Women — Less than 50 mg/dL
- Elevated blood pressure: Equal to or greater than 130/85 mm Hg
- Elevated fasting glucose: Equal to or greater than 100 mg/dL



HEDIS and CAHPS Results Are In!

The improvements in HEDIS and CAHPS rates underscore the efforts to improve the quality of care provided to THC's membership. Included with this newsletter are summaries of the HEDIS and CAHPS trends for 2009 and 2010. During the upcoming months you will also receive HEDIS results for your individual practice. Total Health Care wishes to extend its thanks to all participating providers for your continued support and efforts with all the Plan's quality improvement initiatives. For questions about HEDIS measures or CAHPS results, please contact the QI Manager at 313-871-2000 ext 254.

Help with EHR

M-CEITA is Michigan's federally-designated Health IT Regional Extension Center, and is dedicated to helping providers navigate the complex electronic health record (EHR) marketplace by offering neutral, unbiased information and technical assistance throughout the adoption process. For more information or to contact M-CEITA, visit www.mceita.org or call 1-888-MICH-EHR.

Medical Record Documentation

Total Health maintains Medical Record Documentation standards for all of its primary care providers offices. Please reference the insert to this newsletter to ensure that your office is in compliance.

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HEDIS and CAHPS TRENDS

MEDICAID	2009	2010	% of Change	NCQA 2009 Benchmark				Benchmark Performance
				25 th	50 th	75 th	90 th	
Adult BMI (New)	26.85%	46.53%	73.30%	2.6	24.1	37.2	49.3	>75
Childhood BMI (New)								
1. BMI Screening	11.57%	14.35%	24.03%	2.6	16.9	34.1	47.4	>25
2. Counseling on Nutrition	31.48%	34.26%	8.83%	7.7	40.5	53.0	64.0	>25
3. Counseling on Physical Activity	21.53%	23.61%	9.66%	0.1	29.8	39.7	51.6	>25
Childhood Immunizations (combo 2)	85.31%	85.85%	0.63%	68.5	77.9	82.0	85.4	>90
Lead Screening in Children	73.30%	69.85%	-4.71%	56.2	70.5	80.1	87.1	>25
Appropriate Treatment for Children with URI	59.21%	82.85%	39.93%	81.1	85.6	91.1	94.5	>25
Appropriate. Testing for Children with Pharyngitis	55.87%	60.55%	8.38%	53.6	65.8	73.7	82.0	>25
Avoidance of Antibiotic Tx in Adults with Acute Bronchitis *	23.54%	23.76%	0.93%	20.2	23.7	28.1	33.4	<75
Breast Cancer Screening	48.34%	51.65%	6.85%	45.0	50.5	57.4	63.0	>50
Cervical Cancer Screening	68.56%	74.06%	8.02%	60.9	67.6	73.2	79.5	>75
Chlamydia Screening: <i>Combined Rate</i>	66.90%	70.63%	5.58%	48.7	54.8	61.6	68.6	>90
Controlling High B/P	59.96%	59.96%	0.00%	51.4	58.0	63.3	66.6	>50
Comprehensive Diabetes Care:								
1. <i>HbA1c Testing</i>	80.42%	85.22%	5.97%	76.5	80.7	86.2	89.3	>50
2. <i>Poor HbA1c > 9.0%*</i>	48.06%	40.88%	-14.94%	35.2	42.6	50.6	61.0	<50
3. <i>Eye Exam</i>	57.12%	63.99%	-12.03%	44.4	55.4	62.3	70.8	>75
4. <i>LDL-C Screening</i>	74.27%	83.18%	12.00%	71.5	76.1	79.5	82.5	>90
5. <i>LDL-C <100 mg/dL</i>	37.70%	42.61%	13.02%	27.2	35.1	40.6	44.7	>75
6. <i>Nephropathy</i>	79.29%	83.18%	4.91%	73.4	78.1	82.2	85.4	>75
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	82.62%	89.46%	8.28%	76.7	81.3	85.2	87.2	>90
Use of Appropriate Medications for People with Asthma	80.96%	80.02%	-1.16%	86.6	89.2	91.2	92.1	<25
Use of Spirometry Testing in the Assess and DX of COPD	27.00%	34.98%	29.56%	22.8	28.5	34.4	42.6	>75
Pharmacotherapy Management of COPD Exacerbation								
1. <i>Systemic Corticosteroids</i>	70.56%	67.20%	-4.76%	54.4	65.7	70.6	74.6	>50
2. <i>Bronchodilator</i>	88.32%	89.78%	1.65%	73.7	82.0	85.7	87.8	>90
Disease Modifying Anti-Rheumatic Drug Therapy in RA	50.00%	63.27%	26.54%	64.2	69.7	76.4	82.7	<25
Use of Imaging Studies for Low Back Pain	84.03%	78.63%	-6.43%	72.7	76.2	79.7	81.6	>50
Prenatal Care	84.16%	86.22%	2.45%	78.5	85.6	89.4	92.2	>50
Postpartum Care	61.47%	64.37%	4.72%	57.9	63.9	68.4	72.7	>50
Frequency of Prenatal Care	67.14%	67.14%	0.00%	46.8	62.8	73.4	81.0	>50
WC 15 m-0 Visits*	1.39%	0.77%	-44.60%	1.0	1.5	3.0	5.3	<25
WC 15 m- 6 Visits	66.44%	84.36%	26.97%	51.6	60.6	67.9	73.9	>90
WC 3-6	74.32%	80.47%	8.28%	64.0	70.4	75.9	80.3	>90
Adolescent WC	56.20	61.97 %	10.27%	37.9	45.1	53.2	59.4	>90
Children and Adolescent's Access to PCP:								
1. <i>12m-24m</i>	95.87%	96.85%	1.02%	93.9	96.3	97.8	98.4	>50
2. <i>25m-6y</i>	86.54%	89.74%	3.70%	85.4	88.3	91.0	92.6	>50
3. <i>7y-11y</i>	82.44%	91.30%	10.75%	84.9	89.0	92.5	94.6	>50
4. <i>12y-19y</i>	83.74%	87.78%	4.82%	82.5	87.2	90.5	92.2	>50
Adults' Access to Preventive/ Ambulatory Health Services:								
1. <i>20y-44y</i>	77.85%	81.55%	4.75%	77.3	81.5	85.6	88.4	>50
2. <i>45y-64y</i>	83.11%	87.78%	5.62%	83.9	87.5	89.7	91.1	>50
Consumer Assessment of Health Plans Study Adult CAHPS 4.0	2009	2010	%of Change	25th	50th	75th	90th	Benchmark Performance
Getting Needed Care	77.7%	80.4%	3.47%	72.6	78.3	80.5	83.7	>50
Getting Care Quickly	77.3%	82.0%	6.08%	79.7	81.8	83.6	86.2	>50
How Well Doctors Communicate	82.3%	85.8%	4.25%	85.9	87.7	89.7	91.0	>25
Customer Service	79.4%	71.2%	-10.33%	78.2	81.1	84.3	87.1	<25
Shared Decision Making	61.4%	53.3%	-13.19%	56.0	59.8	61.9	63.8	<25
Health Promotion and Education	63.2%	64.1%	1.42%	54.7	57.5	60.3	62.8	>90
Coordination of Care	79.1%	79.1%	0.00%	74.0	76.5	80.0	82.5	>50
Rating of Health Care	64.5%	61.2%	-5.12%	65.9	69.2	71.8	74.8	<25
Rating of Personal Doctor	69.6%	70.9%	1.87%	74.7	76.7	80.2	82.2	<25
Rating of Specialist	81.5%	80.6%	-1.10%	73.8	76.3	79.0	80.6	>90
Rating of Health Plan	69.0%	70.3%	1.88%	70.5	74.4	78.2	81.1	<25
Advised Smokers to Quit	70.2%	78.6%	11.97%	-	-	-	-	NA
Discussing Smoking Cessation-Medications	39.3%	44.4%	12.98%	-	-	-	-	NA
Discussing Smoking Cessation-Strategies	39.8%	31.9%	-19.85%	-	-	-	-	NA
Aspirin Use	NA	44.4%	NA	-	-	-	-	NA
Discussing Aspirin Risks and Benefits	NA	43.8%	NA	-	-	-	-	NA

*Lower is better



HEDIS and CAHPS TRENDS

COMMERCIAL	2009	2010	% of Change	NCOA 2009 Benchmark				Benchmark Performance
				25 th	50 th	75 th	90 th	
Adult BMI	25.45%	38.59%	51.63%	18.1	30.4	48.2	68.9	>50 th
Childhood BMI								
1. BMI Screening	13.03%	15.13%	16.12%	14.6	25.8	42.8	63.3	>25
2. Counseling on Nutrition	33.89%	34.52%	1.86%	26.8	44.3	54.7	67.6	>25
3. Counseling on Physical Activity	27.01%	25.06%	-7.22%	18.8	37.2	50.1	61.3	>25
Childhood Immunizations (combo 2)	97.56%	92.45%	-5.24%	78.7	82.8	85.6	89.3	>90
Immunizations for Adolescents (Combo 1)	NA	33.93	-	-	-	-	-	-
Appropriate Treatment for Children with URI	76.74%	86.10%	12.20%	79.3	85.1	89.5	93.1	>50
Appropriate Testing for Children with Pharyngitis	56.70%	78.26%	38.02%	70.1	77.7	84.6	88.7	>50
Avoidance of Antibiotic Tx in Adults with Acute Bronchitis*	26.17%	27.18%	3.86%	19.9	22.5	26.1	31.2	<90
Colorectal Cancer Screening	34.66%	44.24%	27.64%	52.1	59.4	65.0	69.6	<25 th
Breast Cancer Screening	57.91%	70.56%	21.84%	66.2	70.0	74.2	78.7	>50
Cervical Cancer Screening	74.26%	81.58%	9.86%	77.9	81.4	84.2	86.7	>50 th
Chlamydia Screening: <i>Combined Rate</i>	54.35%	55.97%	2.98%	34.8	41.0	48.1	53.9	>90
Controlling High B/P	64.86%	69.30%	6.85%	59.8	64.1	68.3	71.6	>75
Comprehensive Diabetes Care:								
1. <i>HbA1c Testing</i>	84.07%	92.08%	9.53%	86.7	89.0	91.7	93.7	>75
2. <i>Poor HbA1c > 9.0% *</i>	36.30%	23.06%	-36.47%	22.6	27.8	32.7	39.4	<50
3. <i>Eye Exam</i>	49.26%	64.96%	31.87%	47.9	56.7	65.7	73.7	>50
4. <i>LDL-C Screening</i>	79.81%	90.49%	13.38%	82.5	85.1	87.4	89.8	>90
5. <i>LDL-C <100 mg/dL</i>	36.30%	51.58%	42.09%	41.0	45.3	50.6	53.9	>75
6. <i>Nephropathy</i>	82.78%	88.38%	6.76%	79.2	82.7	86.1	89.0	>75
Cholesterol Mgt. for Patients with CV Conditions	93.75%	96.77%	3.22%	86.9	89.5	91.4	93.2	>90
Use of Appropriate Medications for People with Asthma	83.87%	89.86%	7.14%	91.0	92.6	93.8	95.1	<25
Use of Spirometry Testing in the Assess and DX of COPD	35.87%	51.43%	43.38%	32.0	36.8	41.2	47.6	>90
Pharmacotherapy Management of COPD Exacerbation								
1. <i>Systemic Corticosteroids</i>	N/A	52.94%	N/A	61.8	67.5	72.2	76.3	<25
2. <i>Bronchodilator</i>	N/A	70.59%	N/A	71.8	76.5	81.6	84.8	<25
Disease Modifying Anti-Rheumatic Drug Therapy in RA	N/A	78.79%	N/A	82.5	86.3	90.1	92.2	<25
Use of Imaging Studies for Low Back Pain	80.23%	70.09%	-12.64%	68.4	73.7	77.8	81.1	>25
Prenatal Care	94.57%	96.09%	1.61%	91.5	94.5	96.5	98.0	>50
Postpartum Care	88.04%	92.19%	4.71%	80.7	84.6	87.9	90.8	>90
WC 15 m-0 Visits *	0.00%	6.38%	-100.00%	0.0	0.5	1.3	1.9	>90
WC 15 m- 6 Visits	86.84%	76.60%	-11.79%	66.7	76.8	84.7	90.4	>25
WC 3-6*	77.67%	81.21%	4.56%	62.3	71.2	77.7	84.6	>75 th
Adolescent WC*	53.15%	57.89%	8.92%	35.0	41.4	50.9	61.6	>75 th
Children and Adolescent's Access to PCP:								
1. <i>12m-24m</i>	98.44%	98.88%	0.45%	96.5	97.7	98.5	99.1	>75
2. <i>25m-6y</i>	88.80%	95.92%	8.02%	87.7	90.7	93.0	95.2	>90
3. <i>7y-11y</i>	90.58%	94.97%	4.85%	87.5	90.7	93.3	96.3	>75
4. <i>12y-19y</i>	85.19%	93.94%	10.27%	84.7	87.6	91.3	94.4	>75
Adults' Access to Preventive/ Ambulatory Health Services:								
1. <i>20y-44y</i>	88.84%	94.58%	6.46%	92.1	93.5	94.8	95.9	>50
2. <i>45y-64y</i>	90.08%	96.88%	7.55%	94.4	95.4	96.4	97.1	>75
3. <i>65+</i>	96.00%	97.74%	1.81%	95.8	97.0	97.8	98.6	>50
Consumer Assessment of Health Plans Study Adult CAHPS 4.0	2009	2010	% of Change	25th	50th	75th	90th	Benchmark Performance
Getting Needed Care	77.3%	83.2%	7.63%	83.5	86.0	88.1	90.1	<25
Getting Care Quickly	81.3%	81.6%	0.37%	84.3	87.0	89.2	90.7	<25
How Well Doctors Communicate	84.9%	87.7%	3.30%	92.1	93.5	94.7	95.4	<25
Customer Service	74.8%	75.3%	0.67%	80.1	85.0	87.2	89.8	<25
Claims Processing	76.0%	70.4%	-7.37%	84.9	89.0	91.8	93.7	<25
Shared Decision Making	52.8%	57.4%	8.71%	55.9	59.0	62.4	64.6	>25
Plan Information on Costs	59.0%	57.1%	-3.22%	63.7	67.6	71.0	74.4	<25
Health Promotion and Education	59.7%	63.0%	5.53%	55.9	58.9	61.9	65.2	>75
Coordination of Care	68.0%	75.9%	11.62%	75.9	78.6	81.3	83.5	>25
Rating of Health Care	58.4%	65.6%	12.33%	72.2	75.5	78.9	81.4	<25
Rating of Personal Doctor	67.2%	74.0%	10.12%	80.1	82.1	84.3	85.6	<25
Rating of Specialist	75.3%	78.8%	4.65%	79.0	81.3	83.9	86.1	<25
Rating of Health Plan	51.7%	46.9%	-9.28%	59.3	64.2	70.4	75.8	<25
Flu Shot- Adult 50-64	34.3%	36.1%	5.25%	45.2	50.1	54.4	59.3	<25
Advised Smokers to Quit	79.5%	73.9%	-7.04%	-	-	-	-	NA
Discussing Smoking Cessation-Medications	51.2%	51.1%	-0.20%	-	-	-	-	NA
Discussing Smoking Cessation-Strategies	47.2%	44.7%	-5.30%	-	-	-	-	NA
Aspirin Use	NA	29.5%	NA	-	-	-	-	NA
Discussing Aspirin Risks and Benefits	NA	41.0%	NA	-	-	-	-	NA

*Lower is better



Medical Record Content Requirements

PCPs must ensure that medical records maintained on Total Health Care members conform to these requirements:

1. Each page of the record contains the member's name or consistently uses an identification number.
2. Personal biographical data contained in the medical record includes the member's address, employer (where appropriate), home and work telephone numbers, and marital status (where appropriate).
3. All entries into the medical record contain author identification, which may be stamped, handwritten, or electronic.
4. All entries into the medical record are dated.
5. The medical record is legible by someone other than the writer.
6. *Significant illnesses and medical conditions are documented on the "problem list", Exhibit A.
7. *Medication allergies and adverse reactions are prominently documented in the medical record. If the member does not have any known allergies or history of adverse reactions, this is noted in the medical record.
8. *Past medical history (for members seen three or more times by the PCP) is easily identified and includes serious accidents, operations, and illnesses. For children and adolescents (18 years or younger), past medical history relates to prenatal care, birth, operations, and childhood illnesses.
9. For members 14 years and older, there is an appropriate notation concerning the use of cigarettes, alcohol, and substances (for members seen three or more times.)
10. The history and physical exam records appropriate subjective and objective information pertinent to the member's presenting complaints.
11. Orders for and results of laboratory and other studies are contained in the record and initialed by the PCP to signify review. Abnormal labs or results of other studies have an explicit notation in the record of follow-up plans.
12. Significant medical advice or education provided to the patient by telephone or in person is documented into the medical record.
13. Discussions with the patient concerning the necessity, appropriateness, and risks of proposed surgery, as well as discussions of treatment alternatives, are incorporated into the patient's medical record.
14. Required follow-up care, calls, or visits are documented with the specific time of return noted in weeks, months, or as needed.
15. Unresolved problems from a previous office visit are documented as addressed in subsequent visits.
16. Appropriate use of consultants is documented.
17. Consultant documentation is contained in the member's medical record.
18. Consultation reports are present in the medical record and initialed by the PCP to signify review. Follow-up plans are explicitly documented if abnormal results are reported.
19. An immunization record, consistent with immunizations required by Total Health Care, Exhibit 1, for children is up to date, or an appropriate history has been made in the medical record for adults.
20. Preventative screening and services required by Total Health Care, Exhibit B, are offered and documented.
21. *The working diagnosis is documented and is consistent with the clinical findings.
22. *The treatment plans are documented and consistent with diagnosis.
23. *There is no evidence in the record that the patient is placed at inappropriate risk by a diagnostic or therapeutic problem.

*Six critical elements as identified by NCQA