



to all the Paramount providers and staff who graciously assisted us with our 2013 HEDIS[®] medical record reviews. Your help was greatly appreciated!

Healthcek Includes Dental Screenings

Did you know dental screenings are part of the basic examination component of a Healthcek exam? Providers should refer children beginning at age 2 to a plan dentist, or earlier if oral inspection indicates the need for further evaluation.

Emphasize the importance of preventive dental health care available under the Medicaid program and encourage your patients to brush, floss and see a dentist every six months.

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Healthcek News

Did you know you can complete Medicaid Healthcek required services during a sick visit? Are you aware you can bill for both? Make sure you fulfill and document: a comprehensive physical exam, physical and mental health development, anticipatory guidance and appropriate labs. Treat issues that arise and/or make referrals as necessary. For further billing information, please go to www.paramounthealthcare.com and click on "Providers," then "Publications and Resources," then "Manuals." Click on "Paramount Advantage Manual" (middle column). See pages 2.16-2.22 for the Healthcek Guideline, billing information and codes.

2012 Office Manager Satisfaction Survey Highlights

Paramount conducted the 2012 Office Manager Satisfaction Survey in December 2012 and January 2013 with 14% of office managers participating. THANK YOU to all office managers who took time away from their busy schedules to complete the survey. The majority of surveys were completed online. This important research provides valuable feedback which Paramount utilizes to improve processes and promote quality.

We would like to share highlights of the survey results:

- Office managers continue to be highly satisfied with Paramount with nearly 95% overall satisfaction. This score was a little lower than the 2010 survey.
- Almost 90% of office managers indicate Paramount is easier to administer than other insurance plans. The most common reason cited by those who said Paramount is more difficult to administer was lack of online options.
- Provider Relations representatives are highly rated with more than 93% of office managers being satisfied with both the service they receive and the response time after leaving a message.
- The Provider Inquiry Call Center continues to be highly utilized and office managers are pleased with the service they receive. The knowledge, accessibility, skill, and access to resources necessary to resolve problems were all rated at 94.5% satisfaction for the Call Center.
- Almost 86% of office managers are aware of Paramount's chronic disease management programs, with 94% indicating that the programs have been helpful.
- 94% are satisfied with the prior authorization fax line. Of those dissatisfied, most indicated they had to wait too long for processing.
- Almost 60% are aware of Paramount's web-based prior authorization tool, called Clear Coverage™. 80% find it easy to use.
- Awareness of the Case Management Program increased from 55% in 2010 to 76% in 2012. Most found the support from the Case Management Program very helpful.
- While the claims process received high scores, opportunity for further improvement was identified with timeliness of payment.



Those office managers completing the survey by December 20, 2012 were placed in a drawing for a \$100 Target gift card. The winner was the office of Dr. Emad Mousa in Marion, Ohio at the OB/GYN Women's Health Center.

CLINICAL PRACTICE GUIDELINES AND QUALITY REPORTS

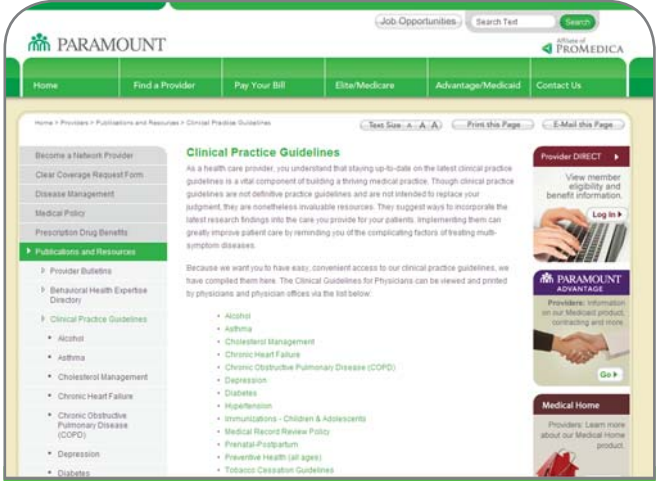
The Clinical Guidelines for Physicians can be reviewed and printed by physicians and physician offices from the Paramount website. These guidelines are evidence-based and intended for use as a guide in caring for Paramount members. The Paramount Medical Advisory Council reviews and approves each guideline annually. The guidelines are adopted from various nationally recognized sources. The guidelines will not cover every clinical situation and are not intended to replace clinical judgement.

The following guidelines have been reviewed and approved by the Medical Advisory Council as of June 11, 2013:

- **The American Diabetes Association Position Statement: Standards of Medical Care in Diabetes-2013.** Summary of Revisions for the 2013 Clinical Practice Recommendations; and Executive Summary: Standards of Medical Care in Diabetes-2013 are available on Paramount's website as well as the American Diabetes Association Position Statement: Standards of Medical Care in Diabetes-2013. For convenience, the Evidence for Changes in Recommendations Standards of Medical Care in Diabetes - 2013 were also added. Three revisions were as follows. Hypertension blood pressure control should be less than 140 mmHg (rather than <130 mmHg). Statin therapy should be used, regardless of baseline lipid levels, for diabetic patients with CVD, those without CVD and over age 40 or those with one or more CVD risk factors. Also immunizations now include the new CDC recommendations for hepatitis B.
- **Immunization Guideline 0–6 years and 7–18 years** - This guideline is taken from the Centers for Disease Control and Prevention 2013 Recommended Immunization Schedule and approved by the Advisory Committee of Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).
- **NCEP Guideline** - This guideline is based on the National Heart, Lung, and Blood Institute's (NHLBI) The National Cholesterol Education Program (NCEP) guidelines on the prevention and management of high cholesterol in adults (ATP III). National Cholesterol Education Program's ATP III Guidelines At-A-Glance Quick Desk Reference is available online. The next expected update is scheduled for release later in 2013.

Also on Paramount's website, you can find the **Commercial, Advantage and Elite Quality Reports**. The Quality Report contains results for the HEDIS® Effectiveness of Care measures as well as the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey for members. To help us know how we are doing, Paramount reports information about the care, treatments and satisfaction levels of our members through a few key mechanisms. These mechanisms include HEDIS® and CAHPS®. The Commercial and Elite reports highlight some programs and interventions that have helped to improve rates. These reports also show Paramount's rate as compared to the National Committee for Quality Assurance (NCQA) accreditation benchmarks in clinical care and member satisfaction. Go to www.paramounthealthcare.com, scroll down to the bottom of the homepage and find "Quality Reports" under Paramount in the gray area.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*



To view the guidelines, go to www.paramounthealthcare.com, click on "Providers," click on "Publications and Resources," then click on "Clinical Practice Guidelines."

FOCUS ON MEDICAL RECORDS: DOCUMENT, DOCUMENT, DOCUMENT

Paramount performs audits of medical records in primary care physician (PCP) offices every three years to ensure that the plan remains in compliance with regulatory and accreditation requirements set forth by the Centers of Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) and the Ohio Department of Job and Family Services (ODJFS) and approved by Paramount's Medical Advisory Council (MAC). In September, the medical record coordinators will begin the 2013 medical record audits for family practice. The last family practice medical record review was completed in 2010. Internal Medicine and Pediatric services will follow with reviews in the fall of 2014 and 2015.

The screenshot shows the Paramount 25th Anniversary website. The main content area is titled "Clinical Practice Guidelines" and includes an introductory paragraph and a list of guidelines. The list includes: Alcohol, Asthma, Cholesterol Management, Chronic Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Depression, Diabetes, Hypertension, Immunizations - Children & Adolescents, Medical Record Review Policy, Prenatal-Postpartum, Preventive Health (all ages), and Tobacco Cessation Guidelines. The page also features a "Provider News" sidebar and a "Provider DIRECT" section.

Required medical record documentation standards have just been updated to reflect current electronic medical record (EMR) requirements and processes. The documentation standards can be found on the web page as shown. Special attention should be paid by providers to the Continuity of Care section as this is a quality initiative that will be looked at closely with the upcoming medical record reviews. Providers should focus on review of consultations, labs, imaging/test results, annual medication reconciliation, and hospital discharge summaries within a timely manner and specify any follow-up in care as necessary.

As medical record documentation should always be consistent with all types of records, the electronic medical record (EMR) verbiage has been updated to incorporate the same attestation as with paper records:

- Provider review of documents being placed and/or scanned into the medical record should indicate review with initials and date or electronic signature with date stamp
- Patients ages 3-18 should have a yearly BMI documented as a percentage as shown with an electronic growth chart (template) or recorded as a vitals percentile

The medical record coordinators would like to thank you for your cooperation and assistance in meeting medical record documentation compliance. If you should need a copy of the Medical Record Documentation Standards or have any questions regarding the upcoming medical record audits, please feel free to contact Beth Miller, RHIT, at 419-887-2308 (Email: Beth.Miller@ProMedica.org) or Amy Veler, RHIT, at 419-887-2311 (Email: Amy.Veler@ProMedica.org).

Talk to your patients about physical activity and the SilverSneakers® Fitness Program

Many older adult patients are at risk of developing or already living with chronic conditions such as diabetes, hypertension, heart disease, or osteoporosis, which can jeopardize their longevity and independence. Regular physical activity can prevent many of the problems that seem to come

with age, and yet nearly 74 % of adults age 65 – 74 and 82 % of those over age 75 - the demographic with the most to gain from consistent exercise - are the least likely to engage in regular activity pursuits.¹



STAY YOUNGSM

An excellent way for your Paramount patients to get the activity they need is to participate in the Healthways SilverSneakers Fitness Program, an innovative well-being program that includes a fitness membership. One of the nation's leading fitness programs designed exclusively for active older adults, SilverSneakers offers a fun way for members to improve physical, mental and social well-being. Encourage your patients who can benefit from additional physical activity to enroll in SilverSneakers at no cost beyond their health plan premium.

Here's what your patients need to know about physical activity and SilverSneakers.

Being physically active can help:

- Increase muscular strength and improve bone integrity
- Improve balance and coordination, leading to reduced risk of falling
- Reduce the risk of developing diabetes, heart disease, osteoporosis, and many other conditions, including certain cancers
- Improve quality of sleep and enhance mental acuity
- Lower blood pressure and cholesterol levels

The SilverSneakers Fitness Program provides:

- A basic fitness membership at a local participating location, plus access to nearly 12,000 locations nationwide (visit www.silversneakers.com for locations)
- Use of amenities such as fitness equipment, treadmills, free weights and pools (where available)
- Signature group fitness classes designed specifically for people with Medicare and taught by certified, specially trained instructors
- A Program AdvisorSM at each location for personalized, friendly assistance and encouragement
- Educational and social opportunities at the participating locations and in the community

Talk with your patients now about the importance of being active. Refer them to SilverSneakers as an easy way to get fit, have fun and make friends. For more information, visit www.silversneakers.com.

¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2011). Early release of selected estimates based on data from the 2010 National Health Interview Survey. http://www.cdc.gov/nchs/data/nhis/earlyrelease/201106_07.pdf.

Clinical Pearl: Ramadan – Reminder to Health Care Practitioners

Author(s): Nayer Taheri, Resident Chaplain Spiritual Care Department, Harborview Medical Center, Seattle, WA; J. Carey Jackson, MD, Medical Director, International Medicine Clinic, Harborview Medical Center, Seattle, WA

***It is anticipated that Ramadan in 2013 will start on Tuesday, the 9th of July and will continue for 30 days until Saturday, the 7th of August based on sightability in North America, in 2013 Ramadan will start in North America a day later - on Wednesday, the 10th of July.**

The fourth requirement of Islam is fasting during Ramadan: the 9th month of Islamo-Arabic lunar calendar. Ramadan is considered a month of community because religious practices such as prayers, fasting, charity, and self-accountability are often practiced within community setting. During fasting, Muslims avoid eating, drinking and smoking from sunrise to sunset. Muslims gather as family and community in the evenings to open their fast by prayers and read the Qur'an in the evenings. Patients may receive an increasing number of visitors during this month.

Abstention from food and drink may bring problems for Muslim patients who wish to fast. They may wish to fast because, to most, Ramadan is believed to be the most blessed and spiritually-beneficial month of the Islamic year. Based on the Quran, those who are sick, elderly, or on a journey, and women who are menstruating, pregnant or nursing are permitted to break the fast and make up an equal number of days later in the year: [2:185]. Such persons as the elderly and chronically ill for whom fasting is unreasonably strenuous are required to feed at least one poor person every day in Ramadan for which he or she has missed fasting, and are then not expected to make up the fast later.

"The month of Ramadan is the one in which the Qur'an was revealed, as guidance for humanity, and demonstration in the way of guidance and discrimination. So whoever among you is present that month should fast. If anyone is ill or on a journey, then the prescribed term is to perform other days. God wishes ease for you, not hardship; and that you fulfill the prescribed terms, and that you celebrated God for guiding you, and to express your appreciation."

The diurnal pattern of caloric intake is obviously reversed and diabetic schedules will have to be adjusted to accommodate this significant change. *Sometime in the month prior to Ramadan a discussion between provider and patient should take place to plan medication schedules for the month of Ramadan.*

Health care settings might consider providing support for patients to maintain their religious practices. Islamic patients are more likely to keep their clinic appointment if they know a room is available to maintain their prayer times during their month long Ramadan observance.

**Note that in the Muslim calendar, a holiday begins on the sunset of the previous day, so observing Muslims will celebrate Ramadan beginning at sunset of Monday, the 8th of July.*

Note that these are dates adopted by the Fiqh Council of North America for the celebration of Ramadan based on astronomical calculations to affirm each date, and not on the actual sighting of the moon with the naked eyes. Many Muslims, including many in the local community, will follow dates established by the sighting of the moon in Muslim countries such as Saudi Arabia. Beginning and ending dates may therefore vary.

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Own the Bone

Beginning late June, Paramount is implementing "Own the Bone," a quality improvement program aimed to better identify, evaluate and treat patients who suffer from an osteoporosis or low bone density-related fragility fracture (a broken bone that results from a fall from standing height or less). This is part of a ProMedica initiative. ProMedica Toledo, Flower, Bay Park and Wildwood Orthopaedic and Spine Hospitals are also designated Own the Bone participating sites and will have their programs up and running in the near future.

PARTICIPATING MEMBER

AMERICAN ORTHOPAEDIC ASSOCIATION



Providers & patients united for improved care.

The program, developed by the American Orthopaedic Association, brings focus to the severe health implications of fragility fractures and the multi-faceted approach hospitals, clinics and providers can employ to ensure these patients receive the most comprehensive care.

Statistics surrounding this health issue are alarming! According to the National Osteoporosis Foundation (NOF), up to 50% of all women and 25% of men over age 50 will sustain fragility fractures in their remaining lifetime. The American Bone Health Prevalence Report states that more people in the United States suffer a fragility fracture each year than are diagnosed with a heart attack (MI), stroke or breast cancer combined. This is projected to significantly increase as the population ages. Studies show that those who have had a fragility fracture are 2 - 4 times more likely to experience another fracture than those who have never had a fracture. Research also shows that 50% of people die within one year of a hip fracture

According to NCQA, only one in five Medicare patients receive the osteoporosis care they need after a fracture. For Paramount members, that number is even lower. Own the Bone is a national Web-based quality improvement program that incorporates 10 measures for reducing future fractures. With Own the Bone, Paramount can help reduce this treatment gap and ensure patients with fragility fractures are screened and appropriately treated for low bone density or osteoporosis.

Paramount Elite members who have had a recent fracture will be contacted by a disease management health educator for an assessment and provided education and counseling to reduce their risk for further fractures. The counseling will focus on nutrition, physical activity and lifestyle changes. Each member will be encouraged to have a DEXA scan and to talk with their physician about bone-strengthening medications. Their physicians will be sent a letter reinforcing the need for DEXA scans and assessment for bone-strengthening medications for their patients. The Quality Improvement Department at Paramount will enter de-identified data about each member into the Own the Bone national database for tracking and outcome measurement. From there the program will be able to produce internal and external benchmarking results that will show how Paramount members are being positively affected by Own the Bone.



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NETWORKNEWS

*Provided as a service to our Provider
and Office Manager Community*

Published By:
Paramount
1901 Indian Wood Circle
Maumee, OH 43537
(419) 887-2500
Editor: Mindy Cross
Mindy.Cross@ProMedica.org

Communicating with the physician and his or her office staff is very important to Paramount. This newsletter will be published biannually, with emphasis on topics that relate to physician and staff participation in the Plan.

PHC-NN-SS-2013

NetworkNews

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Medication Follow-Up in Childhood ADHD

As you know, ADHD is a chronic condition that requires follow-up visits. Although there is no single rule that applies to all pediatric patients, the Healthcare Effectiveness Data and Information Set, (HEDIS[®]), developed by the National Committee for Quality Assurance (NCQA), offers some guidelines.

HEDIS[®] is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

NCQA recommends for children aged 6-12 newly prescribed with ADHD medication:

- To have at least three follow-up visits within 10 months of dispensing the first medication
- To have the first visit within 30 days
- To have two more visits within the next nine months (one of these can be on the phone)

We hope you find these recommendations on the follow-up visits for your pediatric patients with ADHD to be informative. For more details on additional recommendations by the AAP and AACAP, please see the websites below.

1. American Academy of Pediatrics
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/4/1033>
2. American Academy of Child and Adolescent Psychiatry (AACAP)
http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf