

Absolute Total Care Provider Tip Sheet

Details on any topic and the latest version of the Provider Manual and provider and member newsletters are available on our website, absolutetotalcare.com, or via Provider Services at 1-866-433-6041.

Quality Improvement (QI) Program

Absolute Total Care's QI Program focuses on preventive health and assures quality care and services are provided to our members. The program measures efforts to improve the health and safety of our members and strives to make a difference in health outcomes. As part of the Absolute Total Care network, providers agree to:

- Cooperate with QI activities.
- Maintain the confidentiality of member information and records.
- Allow the organization to use their performance data.
- Ensure that office hours for South Carolina Healthy Connections Medicaid members are no less than those offered to commercial members.

Absolute Total Care's medical staff and QI Committee assist with developing and monitoring activities of the QI Program. If you would like a copy of the Annual QI Program and progress on meeting our goals, please contact Provider Services at 1-866-433-6041.

Medicals Records and Reviews

Absolute Total Care providers must keep accurate and complete medical records. Such records enable providers to offer the highest quality healthcare services to members. Accurate records also enable Absolute Total Care to review the quality and appropriateness of the services provided. To assure the member's privacy, medical records should be kept in a secure location. Providers must maintain complete medical records for members in accordance with specific standards listed in the Provider Manual. Absolute Total Care, or a contracted vendor on Absolute Total Care's behalf, may request medical records for medical record audits and QI activities.

Clinical Practice Guidelines (CPGs)

CPGs are based on valid and reliable clinical evidence formulated by nationally recognized professional organizations or government institutions with provider input. CPGs are used for both preventive services as well as the management of chronic diseases. Guidelines are reviewed and updated at least annually or upon significant new scientific evidence or change in national standards.

A complete listing of guidelines and their content is available on the Absolute Total Care website, absolutetotalcare.com. You may request a copy of the guidelines by calling Provider Services at 1-866-433-6041.

Absolute Total Care completes **medical record reviews** and **CPG audits** annually on a sample of providers. Providers whose overall audit scores are above 80% require no follow-up action.

Medical Management Program

Utilization review decisions are made in accordance with currently accepted medical practices, taking into account special circumstances of each case that may require deviation from the norm stated in the screening criteria. When the requested service does not meet medical necessity benefit provisions, protocols, or evidence-based medicine, a Medical Director will review and use this information in his or her determinations.

The member or the member's authorized representative or provider may obtain a copy of the actual benefit provision, guideline, protocol, or other criterion (on which the denial decision was based) upon request to the Medical Management Department at 1-866-433-6041.

Providers also have the opportunity to discuss any medical Utilization Management (UM) denial decisions with a physician or other appropriate reviewer at the time of notification to the requesting provider/facility of an adverse determination. To contact Absolute Total Care's Medical Director, call 1-866-433-6041 and ask for the plan Medical Director.

There are no financial incentives to deny care or encourage decisions that result in underutilization.

Care Management Program

Absolute Total Care's Care Managers support a member's provider by tracking compliance with the Care Management plan and facilitating communication between members, managing providers, and the Care Management Team. The Care Manager also facilitates referrals and linkages to community providers, such as local health departments and school-based clinics. The managing provider maintains responsibility for the member's ongoing care needs. The Care Manager contacts the managing provider if the member is not following the plan of care or requires additional services.

Absolute Total Care provides individual Care Management services for members who have high-risk, high-cost, complex, or catastrophic conditions. The Care Manager works with all involved providers to coordinate care, provide referral assistance, and offer other care coordination as required. The Care Manager may also assist with a member's transition to other care, as indicated, when Absolute Total Care benefits end. To directly refer a member for Care Management services, please contact the Care Management Department at 1-866-433-6041.

Disease Management Programs

As part of the Absolute Total Care medical management quality improvement efforts, Disease Management programs are offered to our members. These programs are designed to provide education and resources to

help members better manage their conditions. For more information regarding available programs or to make a referral, call Provider Services at 1-866-433-6041 or visit our website, absolutetotalcare.com.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program

The EPSDT Program is a Medicaid-mandated, comprehensive, and preventive child health program serving members through the month of their 21st birthday.

Providers are required to perform EPSDT medical check-ups in their entirety and at the required intervals meeting reasonable standards of medical practice. Absolute Total Care has adopted the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care. See the Periodicity Schedule on our website, absolutetotalcare.com.

Behavioral Health

Absolute Total Care offers our members access to behavioral health services. Absolute Total Care members seeking mental health or substance abuse services may self-refer. For assistance in identifying a behavioral health provider, contact Absolute Total Care at 1-866-433-6041. You can also visit our website, absolutetotalcare.com.

Preferred Drug List (PDL)

Absolute Total Care's PDL contains medications that the Pharmacy and Therapeutic (P&T) Committee has chosen based on their safety and effectiveness. If a provider believes a certain medication merits addition to the list, Absolute Total Care's PDL Change Request policy can be used as a method to address the request. Absolute Total Care's P&T Committee would review requests, along with supporting clinical data, to determine if the drug meets the safety and efficacy standards established by the committee. The PDL is reviewed and updated on a quarterly basis. Copies of the PDL are available on our website, absolutetotalcare.com. Contact Provider Services at 1-866-433-6041 to request a hardcopy of the PDL.

Access and Availability

Absolute Total Care is required to offer a network of providers, pharmacies, hospitals, and other healthcare providers to our members. Distance, travel time, and the means of transportation are all requirements that are considered. Each participating provider shall assure that such services are available as needed 24 hours a day, 365 days a year. Primary care providers (PCPs) have availability requirements. The following schedule should be followed regarding appointment availability:

Appointment Type	Access Standard
Routine visits	Within four to six weeks
Urgent or non-emergency visits	Within 48 hours
Emergent or emergency visits	Immediately upon presentation
24-hour coverage	24 hours a day, seven days a week or triage system approved by SCDHHS
Office wait time for scheduled routine appointments	Not to exceed 45 minutes

The following schedule should be followed regarding appointment availability for Behavioral Health:

Appointment Type	Access Standard
Initial visit for routine care	Within 10 business days (14 calendar days)
Urgent care visits	Within 24 hours
Non-life threatening emergency care visits	Within six hours
Follow-up routine care visits	Within 10 business days (14 calendar days)

For additional information about access and availability, refer to the Provider Manual.

Credentialing and Re-credentialing Process

The credentialing and re-credentialing process exists to ensure that providers and providers in the Provider Network meet the criteria established by Absolute Total Care in accordance with National Committee for Quality Assurance (NCQA) guidelines, as well as government regulations.

- All providers participating with Absolute Total Care have the right to review information obtained by Absolute Total Care to evaluate their credentialing and/or re-credentialing application. These include rights to:
 - Review information submitted to support their credentialing application.
 - Correct any erroneous information.
 - Receive the status of their credentialing or re-credentialing application, upon request.
- Absolute Total Care, as part of its orientation process, evaluates the cultural competency level of its network providers and provide access to training and toolkits to assist providers in developing culturally competent and culturally proficient practices.

Member Rights and Responsibilities

Member rights and responsibilities are included in the Member Handbook and the Provider Manual. Providers interested in more information can visit our website at absolutetotalcare.com or reference the Provider Manual for a complete list of member rights and responsibilities.

Provider Satisfaction Surveys

Annually, Absolute Total Care conducts provider satisfaction surveys. We encourage our providers to complete and return the surveys. Your opinion counts!