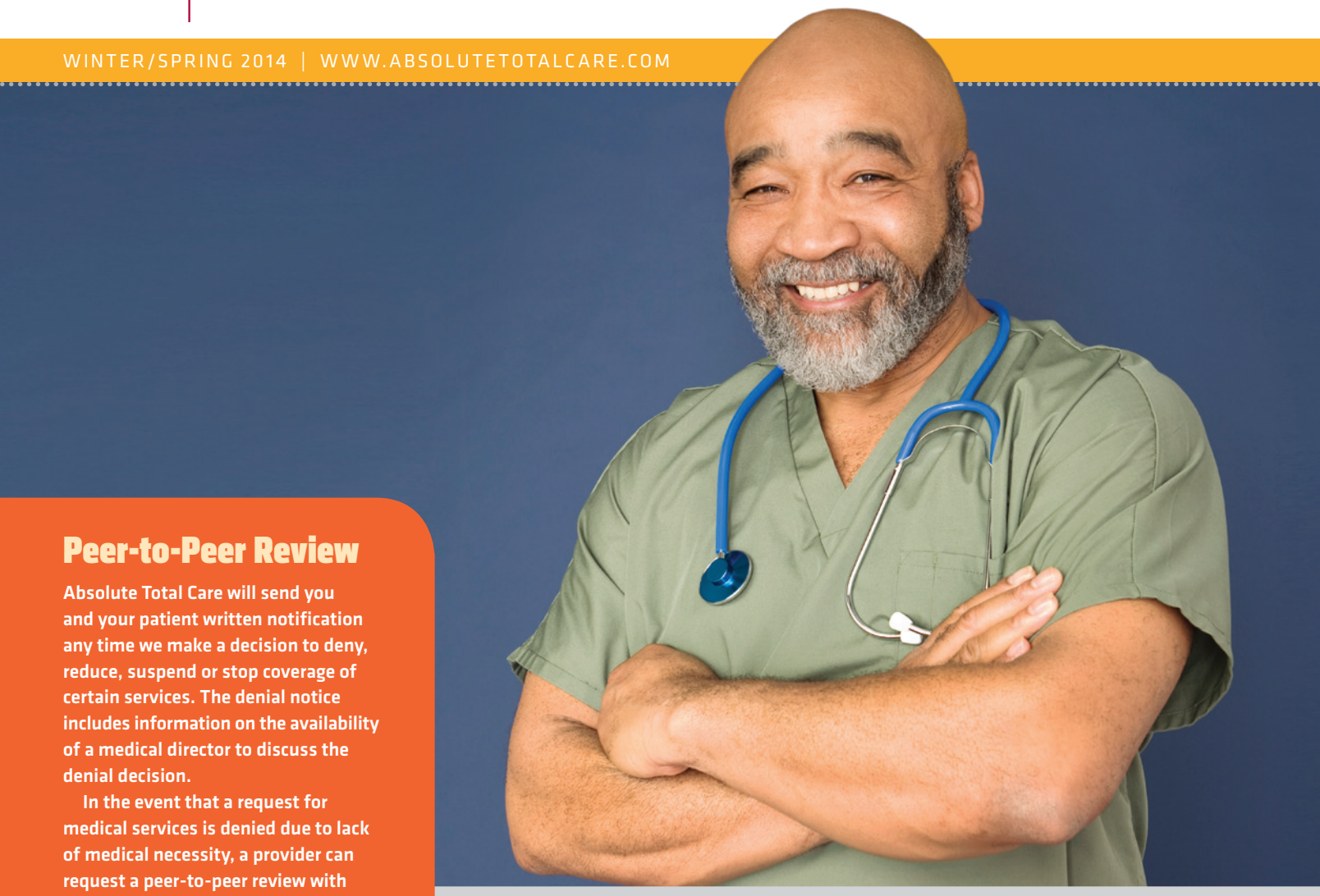
provider report

ABSOLUTE TOTAL CARE
TOTAL®
Healthy Connections

WINTER/SPRING 2014 | WWW.ABSOLUTETOTALCARE.COM



Peer-to-Peer Review

Absolute Total Care will send you and your patient written notification any time we make a decision to deny, reduce, suspend or stop coverage of certain services. The denial notice includes information on the availability of a medical director to discuss the denial decision.

In the event that a request for medical services is denied due to lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Absolute Total Care at **1-866-433-6041.** A case manager may also coordinate communication between the medical director and the requesting practitioner as needed.

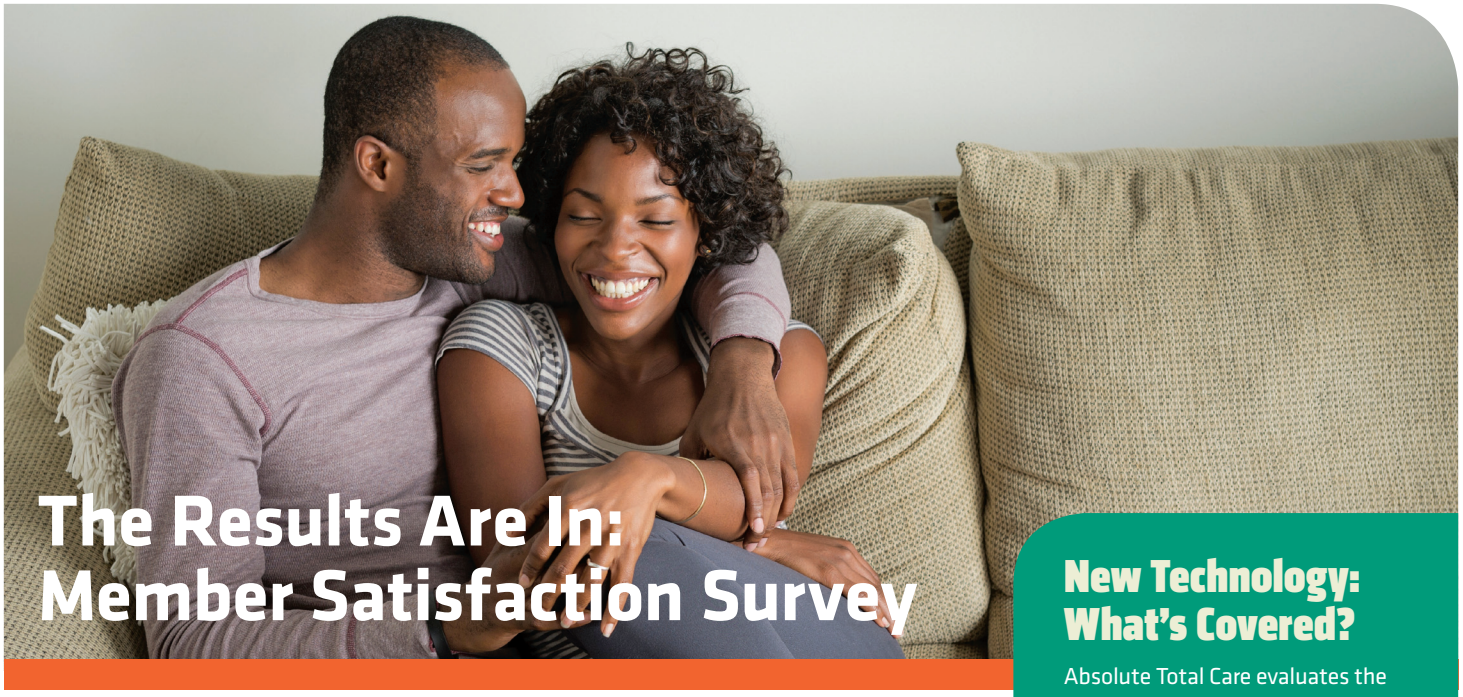
The denial notice will also inform you and the member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow for Absolute Total Care to make timely medical necessity decisions based on complete information.

Your Credentialing Rights

During the credentialing and recredentialing process, Absolute Total Care obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank. Practitioners have the right to review primary source materials collected during this process. The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department. If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Absolute Total Care will notify the practitioner and request clarification. A written explanation detailing the error or the difference in information must be submitted to Absolute Total Care within 14 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.

Providers also have the right to request the status of their credentialing or recredentialing application any time by contacting the Credentialing Department at **1-866-433-6041** or by email at **SouthCarolinaPDM@centene.com**.



The Results Are In: Member Satisfaction Survey

Absolute Total Care asked members what they thought of our care and services. How patients rate their healthcare is an important measure of quality. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys ask consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance (NCQA) to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers as well as the service they receive from the health plan. Absolute Total Care will be using the results to help the plan on how to improve.

We also want to share the results with you, since you and your staff are a key component of our members' satisfaction.

Below are some key findings from the CAHPS Adult survey.

Areas where we scored well include:

- Getting Needed Care
- How Well Doctors Communicate

Based on the feedback we received, some of the areas we have been working to improve include:

- Getting Care Quickly
- Rating of Specialist

Here are some key findings from the CAHPS Child survey.

Areas where we scored well include:

- Customer Service
- Coordination of Care

Based on the feedback we received, some of the areas we have been working to improve include:

- Getting Care Quickly
- Rating of Health Plan

Absolute Total Care takes our members' concerns seriously and will work with you to improve member satisfaction in the future.

Providers also have the right to request the status of their credentialing or recredentialing application any time by contacting the Credentialing Department at **1-866-433-6041** or by email at **SouthCarolinaPDM@centene.com**.

New Technology: What's Covered?

Absolute Total Care evaluates the inclusion of new technology and new applications of existing technology for coverage determination on an ongoing basis. We may provide coverage for new services or procedures that are deemed medically necessary. This may include medical and behavioral health procedures, pharmaceuticals or devices.

Requests for coverage will be reviewed and a determination made regarding any benefit changes that are indicated. When a request is made for new technology coverage on an individual case and a plan-wide coverage decision has not been made, Absolute Total Care will review all information and make a determination on whether the request can be covered under the member's current benefits, based on the most recent scientific information available.

For more information, please call **1-866-433-6041**.

PLANNING ADVANCE DIRECTIVES WITH YOUR PATIENTS

Advance directives can be a sensitive topic to bring up with your patients, but it's important that they understand their right to execute these important documents. Absolute Total Care wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records. Providers are required to document provision of information and note whether or not patients have an advance directive in their permanent medical records.

During our medical record compliance audits, Absolute Total Care will randomly monitor compliance with this provision. Please contact us at **1-866-433-6041** if you would like general information about advance directives or in regard to a specific member.

ICD-10 Resources and Updates

HEALTH PLAN RESOURCES

Please visit the Absolute Total Care provider resources web page with ICD-10 Overview, complete with FAQs, testing instructions and additional resources (**www.absolutetotalcare.com/for-providers/icd-10-overview**). You may also contact your local health plan Provider Relations representatives should you have any additional ICD-10 related questions, including readiness surveys that require responses.

UPDATES: INDUSTRY AND HEALTH PLAN UPDATES

CMS-1500 Paper Claims Form Change

In accordance with CMS, the health plan requires ICD-10 codes on paper claims for dates of service (for professional claims) and discharge dates (for institutional claims) as of October 1, 2015. The CMS-1500 Claim Form has been recently revised with changes including those to more adequately support the use of the ICD-10 diagnosis code set.

The revised form will give providers the ability to indicate whether they are using ICD-9 or ICD-10 diagnosis codes. In accordance with CMS, Absolute Total Care will begin accepting the revised form on January 6, 2014. In accordance with CMS, starting April 1, 2014, the health plan will accept only the revised version of the form. Changes that have been made to the CMS-1500 and UB-04 claim forms are communicated through the National Uniform Claim Committee (**http://nucc.org/**) for the CMS-1500 claim form or the National Uniform Billing Committee (**http://nubc.org/**) for the UB-04, as these groups are responsible for updating paper claim forms on behalf of CMS.

Q&A

The questions and answers below reveal Centene's current stance on testing:

Q **Have you developed your internal/external testing strategy and timeframes? How do we get involved in testing with you?**

A The health plans have been ready to conduct RAMP testing for HIPAA file format compliance since July 2013.

Providers that submit claims via EDI or are interested in submitting claims via EDI can test with the health plan. Direct submitters can test by visiting **https://sites.edifecs.com/index.jsp?centene**. Providers that submit claims through a clearinghouse can communicate this request to the EDI service desk at **1-800-225-2573**, ext. **25525** or **EDIBA@centene.com**. Contact the EDI service desk for any questions or requests.

Our end-to-end test strategy is being finalized and we will be ready to test with select providers through 2014. For additional information on testing, please visit the health plan **ICD-10 Overview** page (**www.absolutetotalcare.com/for-providers/icd-10-overview/**).

Q **How will the ICD-10 transition impact provider reimbursement? Will you renegotiate the contract to replace ICD-9 codes with ICD-10 codes?**

A The ICD-10 conversion was not intended to transform payment or reimbursement; however, it may result in reimbursement methodologies that more accurately reflect patient status and care across the industry. The health plan is evaluating risk mitigation from impact to reimbursement through changes to contracting and clinical operations. Contract remediation will occur on an as-needed basis and is currently being reviewed on a contract-by-contract basis. Any changes will be communicated via existing channels.

TAKE AWAY POINTS

HEDIS Physician Measurement

Below is a summary of HEDIS measurements related to ADHD, asthma and mental health.

ADHD: Children ages 6 to 12 with newly prescribed ADHD medication should receive at least three follow-up visits within a 10-month period, the first of which should occur within 30 days of when the first ADHD medication was dispensed. During these follow-up visits, physicians will review that:

- the prescription is being taken appropriately
- the patient is not abusing the medication
- the patient is not combining medications dangerously
- side effects are not discouraging regular and proper use of the prescription

ASTHMA: Members ages 5 to 64 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

Ask your patients to bring their medications to appointments, and confirm that they know when and how to use them properly.

MENTAL ILLNESS: Patients ages 6 and older who have been discharged from an inpatient mental health admission should receive one follow-up visit with a mental health provider within seven days after discharge and one follow-up visit with a mental health provider within 30 days after discharge.

A HEDIS Primer

WHAT: HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows comparison across health plans. Through HEDIS, NCQA holds Absolute Total Care accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc) delivered to its diverse membership.

WHY: As both state and federal governments move toward a healthcare industry driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician profiling and incentive programs.

HOW: HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Measures typically calculated using administrative data include:

- annual mammogram
- annual Chlamydia screening
- treatment of pharyngitis
- treatment of URI
- appropriate treatment of asthma
- antidepressant medication management
- access to PCP services
- utilization of acute and mental health services

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include:

- comprehensive diabetes care
- control of high-blood pressure
- immunizations
- prenatal care
- well-child care
- annual Pap test
- cholesterol management

HEDIS for Heart Care

Cholesterol screening and management is a HEDIS measure that applies to any patient who has been discharged with acute myocardial infarction (AMI), coronary artery bypass graft or percutaneous coronary interventions or has a diagnosis of ischemic vascular disease. The HEDIS rate measures the percentage of these patients who had an LDL-C screening performed during the calendar year, and the percentage of those patients with an LDL level less than 100 mg/dL.

The high blood pressure control HEDIS measure applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). HEDIS measures the percentage of hypertensive patients with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg).

The HEDIS measure for persistence of a beta-blocker treatment regimen after heart attack applies to patients who were hospitalized and discharged after an AMI. This measure calls for treatment with beta-blockers for six months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure. Despite strong evidence of the effectiveness of drugs for cardiac problems, patient compliance remains a challenge—particularly among Medicaid patients.

STEPS YOU CAN TAKE: Continue to suggest lifestyle changes such as quitting smoking, losing excess weight, beginning an exercise program and improving nutrition. Stress the value of prescribed medications for managing heart disease. Absolute Total Care can provide educational materials and other resources addressing the above topics.

Please encourage your Absolute Total Care Members to contact us for help managing their medical condition. Absolute Total Care case management staff members are available to assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions.

If you have a member you feel could benefit from our case management program please contact Absolute Total Care member services at **1-866-433-6041** and ask for medical case management.

HEDIS for Diabetes

The HEDIS measure for comprehensive diabetes care includes adult patients with type I and type II diabetes. There are multiple sub-measures included:

- **HbA1c testing**—completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
  - HbA1c level:
  - HbA1c result > 9.0 = poor control (CPT II code refer to Value Set Directories)
  - HbA1c result < 8.0 = good control (CPT II code refer to Value Set Directories)
  - HbA1c result < 7.0 for selected population (CPT refer to Value Set Directories)
- **LDL-C testing**—completed at least annually
  - LDL-C result < 100 (CPT code refer to Value Set Directories)
- **Dilated retinal eye exam**—annually, unless prior negative exam then every two years
- **Nephropathy screening test**—at least annually (unless documented evidence of nephropathy)

To improve compliance, we offer specific suggestions for three tests:

1. **LDL-C testing:** Remind patients to fast when they come in for an HbA1c test so that you may also complete the LDL testing.
2. **Dilated retinal eye exam:** Absolute Total Care can assist your office with finding a vision provider. Our vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
3. **Nephropathy screening test:** Typically, a spot urine dipstick for microalbumin or random urine tests for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening. Refer to Test Value Set Directories for codes for a positive microalbuminuria test result documented and reviewed. Refer to Test Value Set Directories for code for negative microalbuminuria test result documented and reviewed.

Are You Available?

We define "availability" as the extent to which Absolute Total Care contracts with the appropriate type and number of PCPs necessary to meet the needs of its members within defined geographic areas. The availability of our network practitioners is essential to member care and treatment outcomes.

Absolute Total Care evaluates its performance in meeting these standards and appreciates providers working with us. Summary information is reported to the Quality Improvement Committee for review and recommendation and is incorporated into our annual assessment of quality improvement activities. The Quality Improvement Committee reviews the information for opportunities for improvement and provides recommendations.

Per the South Carolina Department of Health and Human Services Policy and Procedure Guide for Managed Care Organizations the following applies:

- Primary Care providers should be within a maximum of 30 miles of the Medicaid MCO member's place of residence
- Specialty Care providers should be within a maximum of 50 miles of the Medicaid MCO member's place of residence

Behavioral Health Follow Up

Absolute Total Care can help your patients schedule appropriate after-care to improve the follow-up rates for members who have been hospitalized for a behavioral health condition.

Outpatient follow up within seven days of discharge is vital to members' recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

Please contact Absolute Total Care if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We will work with your staff to make these arrangements.

Absolute Total Care will continue to work diligently with our facilities, outpatient providers and members to schedule these valuable appointments. Here are some ways we can help:

- Scheduling assistance to obtain follow-up appointments within the seven-day time frame.
- Appointment reminder calls to members.
- Member transportation assistance.

Learn more. Call **1-866-433-6041** or visit **www.absolutetotalcare.com**.

COULD CASE MANAGEMENT BENEFIT YOUR PATIENTS?

Medical case management is a collaborative process that assesses, plans, implements, coordinates and evaluates options and services to meet an individual's health needs. It relies on communication and resources to promote quality and cost-effective outcomes.

Absolute Total Care case management is intended for high-risk, complex or catastrophic conditions—including transplant candidates and members with special healthcare needs and chronic conditions such as asthma, diabetes, HIV/AIDS and congestive heart failure.

Case managers do not offer hands-on medical care or treatment. They do not diagnose conditions or prescribe medication. A case manager can help a patient understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team, the member as well as the member's family.

Our case management team is here to support your team for such events as non-adherence, new diagnosis, complex multiple comorbidities.

Providers can directly refer members to our case management program at any time. Call **1-866-433-6041** for additional information about the case management services offered or to initiate a referral. Learn more about our case management services at **www.absolutetotalcare.com.**

Follow the Script: Updates to Our Pharmacy Coverage

Absolute Total Care is committed to providing high-quality, appropriate and cost-effective drug therapy to its members.

While our pharmacy program does not cover all medications, we work with providers like you, as well as pharmacists, to ensure that drugs used to treat a variety of conditions and diseases are covered. Some medications require prior authorization or have limitations on age, dosage and maximum quantities.

WHAT'S COVERED?

The Absolute Total Care Preferred Drug List (PDL) is the list of covered drugs, also known as the formulary. The PDL applies to drugs members can get at retail pharmacies.

The PDL is evaluated regularly by our Pharmacy and Therapeutics (P&T) Committee to encourage the appropriate and cost-effective use of medications. The P&T Committee is made up of Absolute Total Care medical director, Absolute Total Care pharmacy director, and several physicians, pharmacists and healthcare professionals.

If you disagree with a decision regarding coverage of a medication, you may inquire about the appeal process by calling **1-866-433-6041**. Please be sure to include all relevant clinical information with the prior authorization request so as to not delay processing.

THE LATEST PDL

Locate the most up-to-date formulary—including information about prior authorization, step therapy, quantity limits, and exclusions—online at **www.absolutetotalcare.com**. You may also call **1-866-433-6041** for a printed copy of the latest formulary.

Tobacco Cessation Medications:

Absolute Total Care covers certain nicotine replacement products to help members stop smoking. A physician's prescription is required for these medications. We encourage you to discuss with your patients options that may help them quit for good.

Member Rights and Responsibilities: A Shared Agreement

Absolute Total Care's member rights and responsibilities address members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider manual to review them. You can find the complete provider manual online at **www.absolutetotalcare.com** or get a printed copy by calling **1-866-433-6041.**

Member rights include, but are not limited to:

- Receiving all services that Absolute Total Care must provide.
- Assurance that member medical record information will be kept private.
- Being able to ask for and get a copy of medical records, and being able to ask that the records be changed/corrected if needed.

Member responsibilities include:

- Asking questions if they don't understand their rights.
- Keeping scheduled appointments.
- Having an ID card with them.
- Always contacting their primary care physician (PCP) first for nonemergency medical needs.
- Notifying their PCP of emergency room treatment.

Pregnant Patient? Let Us Know

With your help, Absolute Total Care can identify pregnant members early on, and direct them to the services they need to support a healthy pregnancy and infant.

Notify us about a pregnant member by submitting a Notification of Pregnancy (NOP) form. When you send in an NOP, you're helping us reach women early in their pregnancy so that those who are considered high risk can be referred to our case managers.

We also offer members the Start Smart for Your Baby® program, which helps women who are pregnant or who have just had a baby. Your staff and patients can learn more at **startsmartforyourbaby.com** or by calling Absolute Total Care at **1-866-433-6041.**

THE GOALS OF DISEASE MANAGEMENT

As part of our medical management and quality improvement efforts, we offer members disease management programs.

The goals of disease management programs include:

- Promote coordination among the medical, social and educational communities
- Ensure that referrals are made to the proper providers
- Encourage caregiver participation
- Provide education regarding the member's condition to encourage adherence and promote understanding
- Support the member's and caregiver's ability to self-manage chronic conditions
- Identify modes of delivering coordinated care services that best meets the member's needs, including home visits as needed

Our Disease Management Programs are intended for patients with conditions such as asthma, diabetes and high-risk pregnancies.

Learn more about our disease management services at **www.absolutetotalcare.com** or by calling **1-866-433-6041**.

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