ProviderReport

absolute total care | Healthy Connections

HEDIS measures performance

Absolute Total Care strives to provide quality healthcare to our members as measured through Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics.

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS allows for standardized measurement and reporting as well as accurate, objective, side-by-side comparisons. Learn more at **ncqa.org** or review the Quality Improvement information at **absolutetotalcare.com**.

Please take note of the HEDIS measures highlighted on the next page regarding child and adolescent health visits.

Reviewing the appropriate use of resources

Absolute Total Care has developed utilization management and claims management systems to identify, track and monitor the care provided to our members. Utilization management (UM) decisions are based only on the appropriateness of care and service and the existence of coverage. Absolute Total Care does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health homes, maternity care and ancillary care services. Absolute Total Care uses nationally recognized criteria (such as InterQual), if available, for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists.

Providers can help us make appropriate and timely UM decisions by submitting complete clinical information with the initial request for a service or treatment.

Providers can discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers can obtain a copy of Absolute Total Care's UM criteria, ask questions of UM staff or contact a reviewer by calling **1-866-433-6041.**

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HEDIS for child and adolescent well visits

In addition to HEDIS immunization measures that assess whether children and adolescents receive recommended immunizations on schedule, several HEDIS topics cover issues related to child and adolescent well visits:

Well-Child Visits in the First 15 Months of Life: Assesses children who turned 15 months old during the measurement year and had up to six well-child visits with a primary care provider during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life: Assesses children ages 3–6 who received one or more well-child visits with a primary care provider during the measurement year.

Adolescent Well-Care Visits: Assesses adolescents and young adults ages 12–21 who had at least one comprehensive well-care visit with a primary care provider or an OB-GYN practitioner during the measurement year.

Keeping kids healthy with well-child checks

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service is Medicaid's preventive health program for members through the first month of their 21st birthday. EPSDT services include periodic screening, vision, dental and hearing services. Absolute Total Care encourages members to keep their children healthy with regular well-child checks and informs members these visits are a good time to assess their child's health and receive anticipatory guidance.

A periodic health screening assessment should include:

- Comprehensive health and development history (for both physical and mental development)
- Comprehensive unclothed physical examination
- Immunizations
- Assessment of nutritional status
- Laboratory tests
- Developmental assessment
- Blood lead screening
- Anemia screening
- Blood pressure
- Vision screening and services
- Dental screening and services
- Hearing screening and services
- Health education and anticipatory guidance
- Annual well-child visits for members through the first month of their 21st birthday

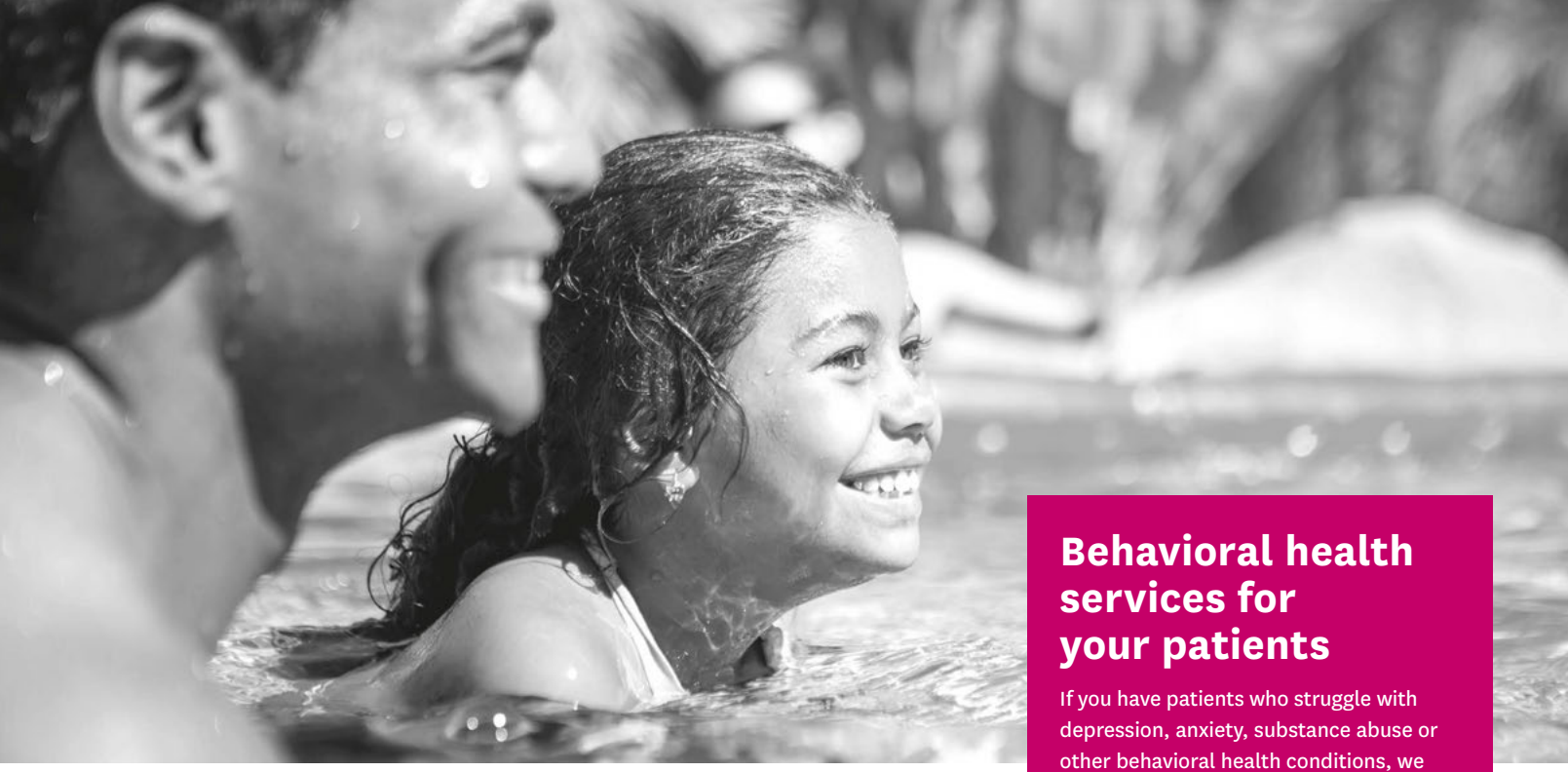
Absolute Total Care promotes adherence to the EPSDT periodicity schedule for members through the first month of their 21st birthday. A comprehensive schedule of screenings is available from the American Academy of Pediatrics at **aap.org/en-us/documents/periodicity_schedule.pdf**. Absolute Total Care supports members with following the periodicity schedule through reminder postcards, educational materials and outreach calls to members with missed appointments.

Screening for lead exposure

Absolute Total Care informs our members that elevated blood lead levels can result in decreased IQ, developmental delays and behavioral issues. For children enrolled in Absolute Total Care, federal law requires a blood lead level test at 12 and 24 months old. Children ages 3–6 must receive a blood lead test if they have not previously been tested for lead poisoning.

Absolute Total Care members are also educated regarding who might be at a higher risk of elevated blood lead levels; i.e., children who meet any of the following criteria identified by the Centers for Disease Control and Prevention:

- Child has a sibling or frequent playmate with elevated blood lead levels.
- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- Child lives with someone who uses traditional, folk or ethnic remedies or cosmetics or who routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk of lead exposure by the health department because the family has local risk factors for lead exposure.



Behavioral health services for your patients

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, we have resources to help. Absolute Total Care offers our members access to all covered, medically necessary behavioral health services. You can learn more about our behavioral health services at **absolutetotalcare.com**. For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call **1-866-433-6041**.

Supporting **healthy adolescents**

Parents are reminded that adolescence is a time of great change, and as children become more mature and independent, their health needs will change. Parents of Absolute Total Care adolescent members are encouraged to schedule preventive visits as health checks are a good time to address preventive care and offer anticipatory guidance.

Our members are advised that adolescents require many of the same services provided to younger children during well-child visits, such as hearing and vision screenings, and that the American Academy of Pediatrics recommends the following assessments and screenings:

Developmental and behavioral health:

- Tobacco, alcohol or drug use assessment: Risk assessment to be performed annually beginning at age 11.
- Depression screening: To be performed annually beginning at age 12.

Physical examination procedures:

- Testing for sexually transmitted diseases: Risk assessment to be performed annually beginning at age 11.
- Testing for HIV: Risk assessment to be performed annually beginning at age 11. Test to be performed at least once between ages 15–18. Those at increased risk should be tested and reassessed annually.
- Testing for cervical dysplasia: To be performed on female patients at age 21.

Preventive guidelines are available to help you care for your adolescent members. Absolute Total Care adopts guidelines based on the health needs of the membership and opportunities for improvement identified as part of the Quality Improvement Program. When possible, we adopt guidelines established by nationally recognized organizations, government institutions, statewide collaboratives or a consensus of healthcare professionals in the applicable field. Absolute Total Care providers are expected to follow these guidelines, and adherence is evaluated at least annually.

You can find adolescent preventive care guidelines, as well as guidelines for adult and child preventive care and for chronic diseases, online at **absolutetotalcare.com**. Call **1-866-433-6041** for more information or if a copy of the guidelines is needed. Members also have access to these guidelines.

Preventing readmissions

Reducing preventable readmissions is a priority to all stakeholders in today's healthcare environment. Absolute Total Care is dedicated to making a positive impact not only by preventing unnecessary readmissions but also by decreasing unnecessary outpatient, pharmacy and other medical costs associated with incomplete transition of care activities.

How is Absolute Total Care reducing preventable readmissions? We are pleased to announce the addition of a dedicated Transition of Care Team staffed with experienced Care Managers with proven discharge planning skills. This team follows members from admission through each level of care until the member is in his or her permanent place of residence. Our Transition of Care Team provides the following coordination and discharge planning activities:

- Notifies primary care providers (PCPs) of their patients' admissions, discharges and transfers from one level of care to another.
- Sends PCPs' patient care plans and medication list to inpatient facilities.
- Provides discharge summaries to patients' PCP or treating physician.
- Performs a telephonic and/or face-to-face post-discharge assessment to evaluate for unmet needs by the patient's primary Care Manager.
- Conducts a medication reconciliation of preadmission medication list and post-discharge medication list.
- Facilitates transfers by coordinating with skilled nursing facilities, inpatient rehabilitation, long-term acute care and home health (for example, identifying in-network versus out-of-network providers).
- Coordinates any necessary post-discharge service and equipment.
- Facilitates communication between members of the patient's care team.
- Ensures your patients understand their discharge instructions.
- Ensures your patients schedule their post-hospitalization follow-up appointments and assist when necessary.

Success at reducing preventable readmissions takes collaboration. Absolute Total Care's Transition of Care Team looks forward to working with providers to ensure patients have a safe discharge and have the tools they need to prevent another inpatient admission!

Care Managers connect the dots

Care Managers are advocates, organizers and communicators. They are trained nurses and practitioners who can support you and your staff as well as your patients.

Support and communication

Their goal is to promote quality, cost-effective outcomes by supporting patients and their caregivers. They are often assigned by the health plan to a member when the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A Care Manager connects the member with the healthcare team by providing a communication link between the member, his or her primary care physician, the member's family and other healthcare providers, such as physical therapists and specialty physicians.

On your team

Care Managers do not provide hands-on care, diagnose conditions or prescribe medication. The Care Manager helps a member 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 the eyes and ears for the healthcare team and a resource for physicians, the member and the member's family. Our team is here to help your team with:

- Non-compliant members
- New diagnoses
- Complex multiple comorbidities

Providers can directly refer members to our Care Management group. Providers may call **1-866-433-6041** for additional information about the care management services offered by Absolute Total Care.

After-hours requirements

Providers are required to provide covered physician services and ensure services are available as needed 24 hours a day, 365 days a year. Providers must offer after-hours access to a covering physician or have an after-hours phone number. The after-hours number must connect the member to an answering service, a call center system, a recording that directs the caller to another number to reach the provider, the provider's authorized medical practitioner or a system that automatically transfers the call to another telephone line that is answered by a person who will contact the provider. This helps ensure our members get the best possible healthcare.

A hospital may be used for the telephone coverage requirement if the access is not answered by the emergency department staff. Providers will establish a communication and reporting system with the hospital, and the provider must review the results of all hospital-authorized services. Absolute Total Care will monitor offices through scheduled and unscheduled visits and call coverage verification.

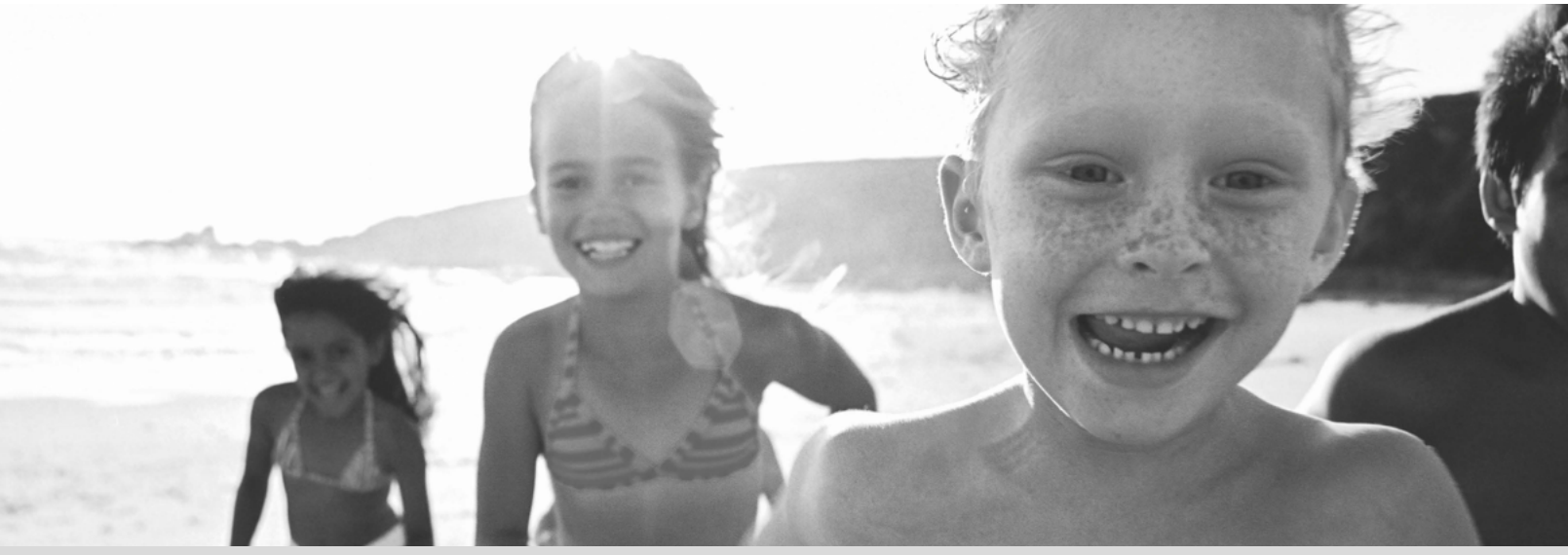
Do you meet **appointment availability standards?**

Absolute Total Care follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. Absolute Total Care monitors compliance with these standards annually and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits. The availability of our network practitioners is key to member care and treatment outcomes. Please ensure your information is up to date with Absolute Total Care so our members can reach your office to schedule appointments without difficulty. You can update your information by visiting the provider portal on our website at **absolutetotalcare.com** or calling us at **1-866-433-6041**. Please review the appointment availability standards below:

Type of appointment	Scheduling time frame
Emergent visits	Immediate upon presentation at a service delivery site
Urgent, non-emergent visits	Within 48 hours
Routine visits with a primary care provider	Within four to six weeks
Routine visits with a unique specialist	Within 12 weeks
Walk-in appointments, non-urgent	Should be seen if possible or scheduled for an appointment
Walk-in appointments, urgent	Within 48 hours
Office wait time for scheduled routine appointments	Should not exceed 45 minutes

To ensure appropriate care, we have adopted the following geographic availability standards:

- Primary care provider within 30 miles and within 45 minutes or less of driving time of a member's place of residence
- Specialist within 50 miles and within 75 minutes or less of driving time of a member's place of residence
- Hospital within 50 miles and within 75 minutes or less of driving time of a member's place of residence



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