



Absolute Total Care Virtual Provider Town Hall

*Facilitator: Jennifer Marchant,
Senior Director, Business Operations*

2/2/2021

Town Hall Dates

*Presenter: Jennifer Marchant,
Senior Director, Business Operations*



- November 5, 2020 from 10 to 11 a.m.
- November 11, 2020 from 2 to 3 p.m.
- November 17, 2020 from 2 to 3 p.m.

Meeting Overview

*Presenter: Jennifer Marchant,
Senior Director, Business Operations*



- Absolute Total Care Healthy Connections Medicaid
- Absolute Total Care Medicare-Medicaid Plan
- Allwell from Absolute Total Care
- Ambetter from Absolute Total Care
- Website
- Secure Provider Portal
- Claims 411 – Did You Know?
- Network Development and Participation
- Eligibility
- Closing Healthcare Effectiveness Data and Information Set (HEDIS) Gaps
- Balance Billing
- Start Smart for Your Baby
- Questions and Open Discussion
- Door Prize Drawings

Provider Relations Team

*Presenter: Jennifer Marchant,
Senior Director, Business Operations*



Name	Title	Email
Jennifer Marchant	Senior Director, Business Operations	jmarchant@centene.com
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Regina Meade	Provider Network Specialist II	regina.meade@centene.com

Provider Relations Team

*Presenter: Jennifer Marchant,
Senior Director, Business Operations*



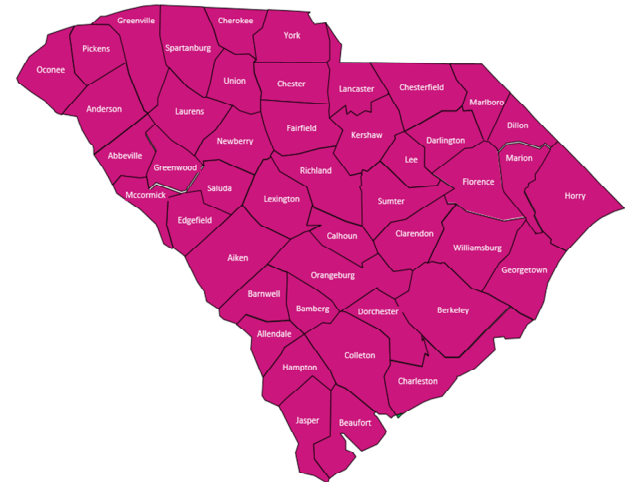
Name	Title	Email
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Tamara Butler	Provider Network Specialist I	tamara.s.butler@centene.com
Wendy McCrea	Provider Network Specialist I	wendy.mccrea@centene.com

Absolute Total Care Healthy Connections Medicaid

*Presenter: Lynn Branche,
Provider Network Specialist I*



- Serving approximately 130,000 members in 46 counties
- 2021 benefit updates:
 - Telehealth services for medical and behavioral health
 - Copay waived for medically necessary COVID-19 testing
 - Boys and Girls Club
 - Boy Scouts and Girl Scouts
 - Step2Success



Absolute Total Care Healthy Connections Medicaid



Presenter: Lynn Branche,

Provider Network Specialist I

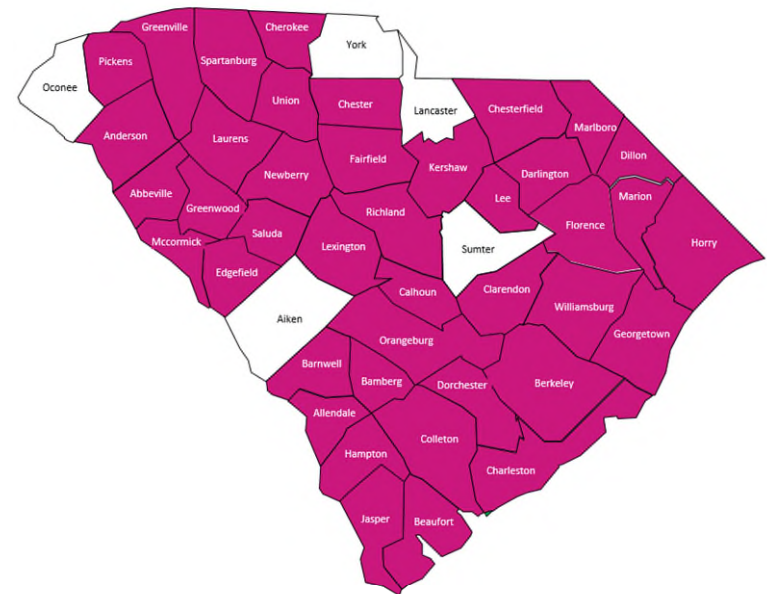
- My Health Pays rewards:
<https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell/Medicaid-Member-Rewards.html>
- Members can earn \$5 to \$25 by completing healthy behaviors, including:
 - Getting a flu vaccine (one per flu season)
 - Completing the Health Risk Screening
 - Getting an Annual Well Care Visit with primary care provider (PCP)
 - Getting diabetes care (HBA1c, Kidney, retinopathy)
 - Getting breast and cervical cancer screenings
 - Getting certain immunizations
 - Getting infant well care visits with PCP
 - Completing a Notification of Pregnancy (NOP) Form
 - Getting a postpartum doctor visit

Absolute Total Care Medicare-Medicaid Plan



*Presenter: Christine DeLong,
Manager, Operations*

- Serving approximately 6,000 members in 41 counties
- Two new counties (Darlington and Horry)
- 2021 benefit updates:
 - Telehealth services for medical and behavioral health
 - Transportation: Unlimited one-way rides to plan-approved locations
 - Over-the-counter: \$100 per calendar quarter
 - Hearing: One hearing aid per calendar year
 - Fitness: Up to \$250 toward gym membership



Absolute Total Care Medicare-Medicaid Plan



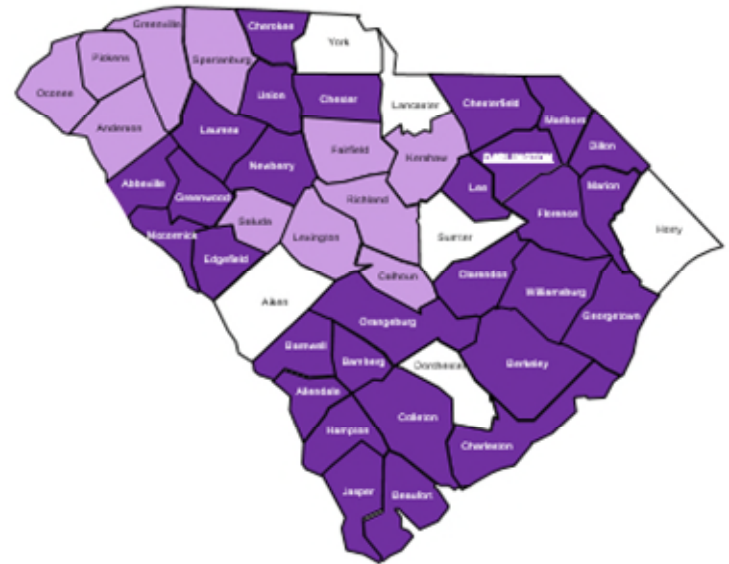
*Presenter: Christine DeLong,
Manager, Operations*

- My Health Pays rewards:
<https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell/Medicaid-Member-Rewards1.html>
- Members can earn \$20 by completing healthy behaviors, including:
 - Getting a flu vaccine
 - Getting ongoing diabetes care
 - Getting a breast cancer screening
 - Going to a follow-up visit after hospitalization
 - Getting a colon cancer screening

Allwell from Absolute Total Care

*Presenter: Christine DeLong,
Manager, Operations*

- Allwell Medicare (HMO) and Allwell Dual Medicare (HMO D-SNP)
- Serving approximately 5,000 members in 40 counties
- One new county (Darlington)
- 2021 benefit updates:
 - Telehealth services for medical and behavioral health
 - D-SNP transportation
 - Over-the-counter
 - Dental
 - Hearing
 - Routine Vision
 - Fitness



HMO: H1436-002 – 29 counties

HMO: H1436-004 – 11 counties

HMO D-SNP: H1436-005 – 40 counties

Allwell from Absolute Total Care



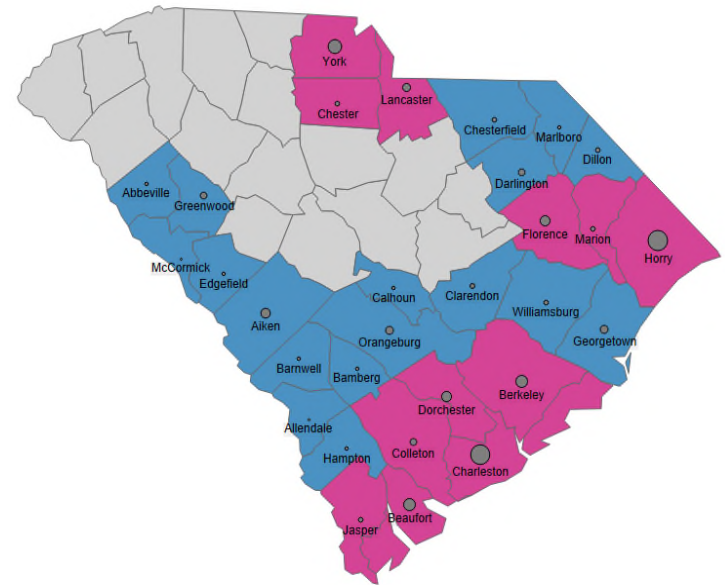
*Presenter: Christine DeLong,
Manager, Operations*

- My Health Pays rewards:
<https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell/Medicare-Member-Rewards.html>
- Members can earn \$20 by completing healthy behaviors, including:
 - Getting a flu vaccine
 - Getting ongoing diabetes care
 - Getting a breast cancer screening
 - Going to a follow-up visit after hospitalization
 - Getting a colon cancer screening

Ambetter from Absolute Total Care

*Presenter: Demetrius Fleming,
Manager, Operations*

- Health Insurance Marketplace
- Serving approximately 11,000 members in 30 counties
- Eighteen new counties
- 2021 benefit updates:
 - \$0 copay for telehealth services for medical care
 - Health Savings Accounts
 - Dental
 - Routine vision
 - Concierge services for disease management



Ambetter from Absolute Total Care

*Presenter: Demetrius Fleming,
Manager, Operations*



FROM

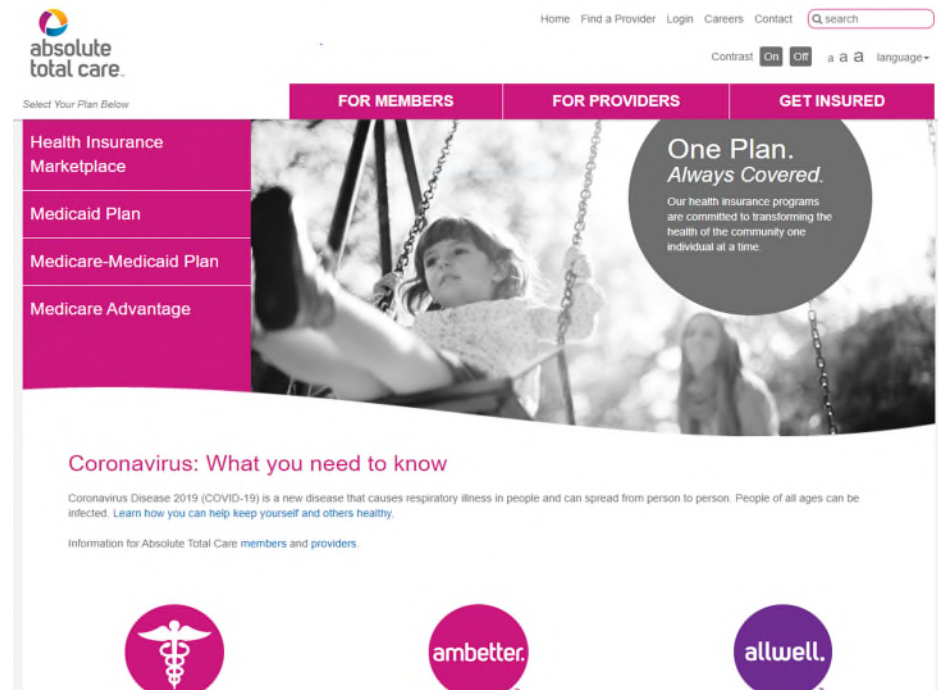


- My Health Pays rewards
- Members can earn \$25/\$50 by completing healthy behaviors, including:
 - Getting a flu vaccine
 - Getting an annual wellness exam
 - Completing Wellbeing Survey
 - Completing platform activities

Website

*Presenter: Tammy Nollen,
Provider Network Specialist II*

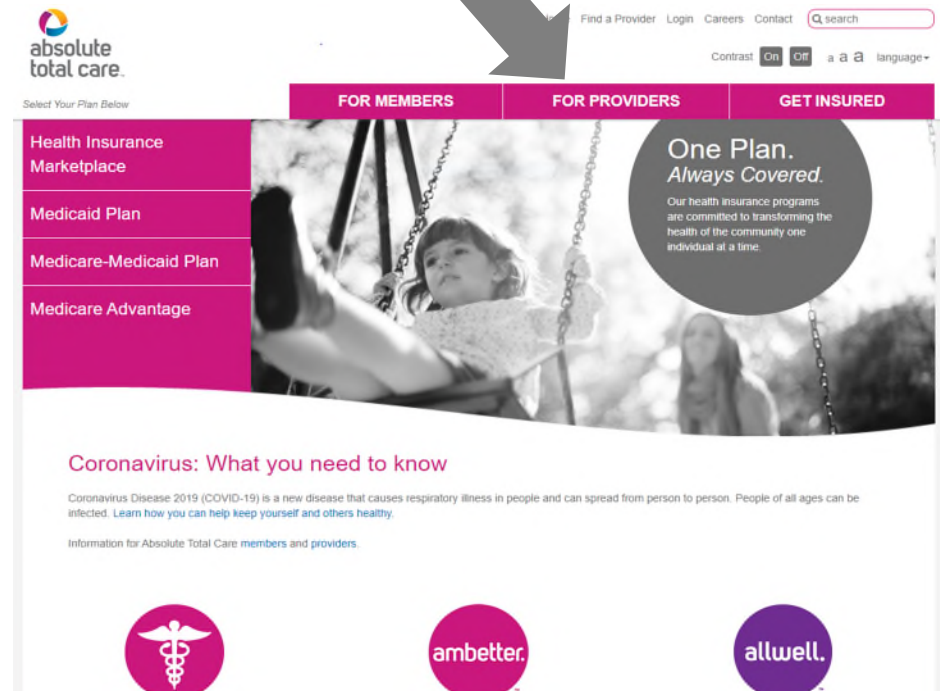
- Website: absolutetotalcare.com



Website

*Presenter: Tammy Nollen,
Provider Network Specialist II*

- For Providers section
- Pre-Auth Check Tool
- Clinical and Payment Policies



Secure Provider Portal

*Presenter: Andrea Anderson,
Provider Network Specialist II*



- Log in:
<https://www.absolutetotalcare.com/login.html>

A screenshot of the Absolute Total Care Secure Provider Portal login page. The page has a dark blue header with logos for allwell, absolute total care, Healthy Connections PRIME, and ambetter. A "CREATE ACCOUNT" button is in the top right. The main content area is light blue and features a "The Tools You Need Now!" section with three icons: a thumbs up for "Check Eligibility", a checkmark for "Authorize Services", and a dollar sign for "Manage Claims". On the right, there is a "Login" form with fields for "User Name (Email)" and "Password", a green "Login" button, and a link for "Forgot Password / Unlock Account". Below the login form, there is a "Need To Create An Account?" section with a red "Create An Account" button, and a "How to Register" section with links for "Provider Registration Video" and "Provider Registration PDF".

Presenter: Andrea Anderson,
Provider Network Specialist II

- Patient information



Viewing Patients For :

End Patient

Back To Jane2263 Doe2263

As we scroll through you will see there is a lot of information on this screen.

This patient is eligible as of today, Mar 14, 2013 .

Patient Information

Name: Doe2263 Doe2263

Gender: F

Birthdate: Feb 4, 1959

Age: 54 years old

Medicaid #: 095277407

Address: 13504756 Main Street
AIRCites08111, IL 08111

Eligibility History

Start Date	End Date	Product Name
Feb 1, 2013	Ongoing	LTC Non-Dual
Oct 1, 2012	Jan 31, 2013	SSI Non-Dual
Jul 1, 2011	Sep 30, 2012	SSI Non-Dual

Care Plans

SN: No such plan exists in our database.

Viewing Claims for :

Upload IIR Create Claims

Claims Individual Saved Submitted Batch Multiple **Payment History** My Downloads Claims Audit Tool Q Filter

Payment History

Search for claim payments pooled between 01/18/2011 and 04/18/2013. Data available online is limited to the last 18 months.

Instructions: Enter Search Criteria, then click the "Search" button. For best results, enter the date range to include at least 2 days before and 2 days after the targeted date(s).

With a Check/Trace Number: 01/18/2013 and 04/18/2013 With an Amount between and

Check/Trace number: Search

To search, enter one or more of the following search criteria. The 18-month Date range only is limited to a three-month span. Only the last 18 months of claims data is available online.

Transaction activity for the last three month span is listed below,

Transactions

All activity posted to your account between 01/18/2013 and 04/18/2013.

Instructions: To view transaction details, click the check date.

Secure Provider Portal

*Presenter: Andrea Anderson,
Provider Network Specialist II*



- Provider reconsideration
 - Review process
 - Correct routing and procedure
 - Most common issues

A screenshot of the "Claim Details" page in the Secure Provider Portal. The page shows a claim status flow: "Claim Accepted" (green checkmark), "In Process" (green checkmark), and "Denied" (red X). Below the flow, there are sections for "Member", "Provider", and "Claim" information. The "Service Lines" table is also visible.

Line	DOB	Prnc	Dr	Modifiers	Place of Service	Charge	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	9/12/2019	90113	902112		22	\$160.00	\$0.00	02/01/2019		VOID	LE
			902112								
			90108								
			90								

A screenshot of the "Reconsider Claim" form. It includes a "Claim No." field, a "Reconsideration Type" dropdown menu, and a "Submit Reconsideration" button. A pink box contains instructions: "For reconsiderations only. Not for appeals/Claim disputes. Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal. Any submission on this form will be treated as a reconsideration. Please refer to your Provider Manual."A screenshot of the "Reconsider Claim" form with the "Reconsideration Type" dropdown menu open, showing options: "Select Reconsideration Type", "Select Reconsideration Type", "Denied for a Discontinued Procedure", and "Denied for Unnecessary Pricing".A screenshot of the "Reconsider Claim" form with the "Notes" field filled with "Authorization Requested". The "Submit Reconsideration" button is highlighted in green.

Claims 411 – Did You Know?



*Presenter: Shawn Eason,
Provider Network Specialist II*

- Most common claim rejection
 - Member Not Valid at Date of Service (DOS)
 - Invalid Member
 - Invalid Member Date of Birth (DOB)
- Always utilize the eligibility tab on the Secure Provider Portal prior to services to avoid these rejections
- Most common claim denial
 - Services Not on the Fee Schedule are Not Separately Reimbursable
 - This Service is Not Covered
 - Duplicate Claim Service
 - CMS Medicaid NCCI Unbundling
 - No Authorization on File that Matches Service(s) Billed

Claims 411 – Did You Know?



Presenter: Regina Meade,

Provider Network Specialist II

- Clinical and payment policies
 - Utilize these policies for any NCCI or HCI edit denials
 - Denials with a code consisting of lower case letters is an HCI edit denial and will require Medical Records to be submitted for review
 - You can find these policies located under Provider Resources tab in the For Providers section on the website
- Pre-authorization
 - The Pre-Auth Check Tool
 - A great tool to utilize to avoid authorization denial
 - All inpatient services require an authorization
 - Professional services being performed per inpatient stay require a separate authorization and must be obtained to avoid claims denying for no authorization on file
- Provider news
 - Provider News can be found on the website under the For Providers section. In addition to Centene news, you will find articles to include updates to billing, updated codes newly requiring authorizations, CMS and SCDHHS regulation updates, etc.

Network Development and Participation



*Presenter: Regina Meade,
Provider Network Specialist II*

- Network development
 - If you are interested in joining our network, call Provider Services at 1-866-433-6041, or to request a contract, email us at atc_contracting@centene.com
 - You can also find resources related to becoming a provider, such as the Contract Initiation Form and Provider Data Forms, on the Provider Manuals and Forms section of the website
 - For contract updates and questions (i.e., change of ownership, TIN resignations, amendments, etc), send an email to atc_contracting@centene.com

Network Development and Participation



Presenter: Regina Meade,

Provider Network Specialist II

- Network participation
 - The enrollment, credentialing, and recredentialing processes exist to ensure that participating providers meet and remain compliant to the criteria established by Absolute Total Care, as well as government regulations and standards of accrediting bodies
 - Providers must submit a Provider Data (Add) Form and Current W-9 to SouthCarolinaPDM@centene.com to begin the credentialing process
 - Refer to the Provider Manual for more information on requirements for network participation
 - This process takes approximately 90 days to complete (follow ups prior to receiving the Welcome Letter can be done so by emailing SouthCarolinaPDM@centene.com)
 - Recredentialing is performed at least every 36 months
 - Provider updating existing participating providers and locations may do so by emailing the Provider Data Form (Update) to SouthCarolinaPDM@centene.com

Eligibility

*Presenter: Porsha Lewis,
Provider Network Specialist II*



- Member eligibility should be checked each month and each time prior to rendering services
- The Absolute Total Care Secure Provider Portal or the Interactive Voice Response (IVR) system (1-855-766-1497) are available 24 hours a day, seven days a week

Closing Healthcare Effectiveness Data and Information Set (HEDIS) Gaps



*Presenter: Czai Cobb,
Provider Network Specialist II*

- Ways to close gaps:
 - Face-to-face contact
 - Email campaigns
 - Clinical days
 - Outreach calls
 - Mailer campaigns



Balance Billing

*Presenter: LaToya Jones,
Provider Network Specialist II*



- What is balance billing?
 - Seeking payment from members for the difference between the billed charges and the contracted rate paid by the plan
 - Payments less any copays, coinsurance, or deductibles are considered payment in full
- Prohibited by federal law
 - Federal law bars Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances
 - Original Medicare and Medicare Advantage providers and suppliers – not only those that accept Medicaid – must not charge individuals enrolled in the QMB program for Medicare cost-sharing

Balance Billing

*Presenter: LaToya Jones,
Provider Network Specialist II*



- Steps to ensure compliance with QMB billing prohibitions
 - Establish processes to routinely identify the QMB status of Medicare beneficiaries prior to billing for items and services
 - Ensure that a Member Acknowledgement Statement has been signed by both the provider and the Absolute Total Care member for non-covered services prior to rendering said service
 - If you have erroneously billed these members, recall the charges (including referrals to collection agencies) and refund the invalid payments

Start Smart for Your Baby

*Presenter: Betty Smith,
Lead Program Coordinator*




- Program goals
 - Early identification of pregnant members and their risk factors
 - Reducing the risk of pregnancy complications
 - Better birth outcomes
- Strategy
 - Submission of NOP Form
 - High-risk members are prioritized for Care Management Program
 - OB Nurse Care Managers collaborate with members and providers to improve maternal and infant health

Start Smart for Your Baby

Presenter: Betty Smith,
Lead Program Coordinator

- NOP Form sample



 Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Absolute Total Care at 1-866-433-6041 (TTY 711). This form is also available online at absolutetotalcare.com.

***Required Field**

***Are You Pregnant?** ☐ Yes ☐ No * If you are pregnant, please continue to answer all the questions. Return the form in the envelope provided. When your answers are received, a gift will be mailed to you. We may call you if we find that you are at risk for problems with your pregnancy.

***Medicaid ID #:** Today's Date MMDDYYYY:

Your First Name:
Your Last Name:

***Your Birth Date MMDDYYYY:**
Mailing Address:
City: State: Zip Code:
Home Phone: Cell Phone:
Would you like to receive text messages about pregnancy and newborn care? ☐ Yes ☐ No
If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.
Email Address:

***Your OB Provider's Name:**

***Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? ☐ Yes ☐ No
Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Hispanic/Latina
☐ American Indian/Native American ☐ Asian ☐ Hawaiian/Pacific Islander
☐ Other if other ethnicity, please specify:
Preferred Language (if other than English):

Planning to breastfeed? ☐ Yes ☐ No if no, what is the reason?
Pediatrician chosen? ☐ Yes ☐ No Pediatrician Name:
Number of Full Term Deliveries: Number of Miscarriages:
Number of Preterm Deliveries: Number of Stillbirths:
Height (Feet, Inches): Pre-Pregnancy Weight:

***Do you have any of the following?** ☐ Yes ☐ No if yes, mark all that apply.

Your Medical History
Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? ☐ Yes ☐ No
Recent delivery within past 12 months? ☐ Yes ☐ No Was delivery within past 6 months? ☐ Yes ☐ No
Previous C-Section? ☐ Yes ☐ No Diabetes (Prior to Pregnancy)? ☐ Yes ☐ No

***Medicaid ID #:**

Name: Last, First:

Sickle Cell? ☐ Yes ☐ No
Asthma? ☐ Yes ☐ No if yes, are asthma symptoms worse during pregnancy? ☐ Yes ☐ No
High blood pressure (prior to pregnancy)? ☐ Yes ☐ No Previous neonatal death or stillbirth? ☐ Yes ☐ No
HIV Positive? ☐ Yes ☐ No HIV Negative? ☐ Yes ☐ No Testing refused? ☐ Yes ☐ No AIDS? ☐ Yes ☐ No
Thyroid Problems? ☐ Yes ☐ No if yes, is this a new thyroid problem? ☐ Yes ☐ No
Seizure Disorder? ☐ Yes ☐ No Seizure within the last 6 months? ☐ Yes ☐ No
Previous alcohol or drug abuse? ☐ Yes ☐ No

Current Pregnancy History
Preterm labor this pregnancy? ☐ Yes ☐ No Current gestational diabetes? ☐ Yes ☐ No
Current twins? ☐ Yes ☐ No Current triplets? ☐ Yes ☐ No
Currently having severe morning sickness? ☐ Yes ☐ No
Current mental health concerns? ☐ Yes ☐ No List:
Current STD? ☐ Yes ☐ No List:
Current tobacco use? ☐ Yes ☐ No Amount:
if yes, are you interested in quitting? ☐ Yes ☐ No
Current alcohol use? ☐ Yes ☐ No Amount:
Current street drug use? ☐ Yes ☐ No
Taking any prescription drugs (other than prenatal vitamins)? ☐ Yes ☐ No List:
Any hospital stays this pregnancy? ☐ Yes ☐ No
if yes, please list hospitalizations during this pregnancy:

Social Issues
Do you have enough food? ☐ Yes ☐ No Are you enrolled in WIC? ☐ Yes ☐ No
Do you have problems getting to your doctor visits? ☐ Yes ☐ No Do you have reliable phone access? ☐ Yes ☐ No
Are you homeless or living in a shelter? ☐ Yes ☐ No
Are you currently experiencing domestic violence or feel unsafe in your home? ☐ Yes ☐ No
Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

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Rev. 12 19 2019
SC-MNOP-2050

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Rev. 12 19 2019
SC-MNOP-2050-2

Start Smart for Your Baby

*Presenter: Betty Smith,
Lead Program Coordinator*



- OB incentive reimbursements
 - Member NOP incentive:
 - Members earn \$25 if an NOP Form is submitted before the end of their second trimester
 - Office staff NOP incentive
 - Provider office staff can be reimbursed up to \$25 for each NOP Form, up to a total of \$500 for the year
 - \$25 check per form submitted during first and second month
 - \$20 check per form submitted during second and third month
 - \$15 check per form submitted during fifth and sixth month
 - If an NOP Form has already been received from another source, subsequent NOP Forms would not be eligible for incentive reimbursement
 - Provider office staff must submit a copy of the NOP Form along with the Pregnancy Incentive Reimbursement Form to receive the incentive

Start Smart for Your Baby

*Presenter: Betty Smith,
Lead Program Coordinator*



- Physician incentive: 17P/Makena Program
 - Providers will be reimbursed \$100 for each eligible member enrolled in the 17P/Makena Program. Eligibility criteria includes the following:
 - Gestational age between 16 and 26 weeks
 - History of spontaneous preterm delivery
 - To obtain your incentive, you must complete both of the following:
 - Obtain an approved authorization from Absolute Total Care using the MCO Universal 17P/Makena Authorization Form found on our website.
 - This request must be faxed to our Pharmacy Department at the number listed on the form
 - Fax a copy of the completed MCO Universal 17P/Makena Authorization Form along with the Pregnancy Incentive Program Reimbursement Form to the Pregnancy Incentive Program Reimbursement Unit at 1-866-918-4451

*Presenters: Jennifer Marchant,
Senior Director, Business Operations
and Lynn Branche, Provider Network Specialist I*



Questions and Open Discussion

*Presenter: Christine DeLong,
Manager, Operations*



Door Prize Drawings

*Presenter: Jennifer Marchant,
Senior Director, Business Operations*



Adjournment