

provider report

ABSOLUTE TOTAL CARE



Healthy Connections 

SUMMER/FALL 2014 | WWW.ABSOLUTETOTALCARE.COM

Are You In Our Provider Directory?

Absolute Total Care's website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities. They can visit www.absolutetotalcare.com and select "Find a Provider" in the member section.

Members may also call our Member Services at **1-866-433-6041** for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call **1-866-433-6041**, Monday through Friday, 8 a.m. to 5 p.m.

Appointment Availability

Absolute Total Care works with contracted providers like you to establish clear standards for availability and wait times.

When scheduling services, members should be able to make appointment as follows:

- ▶ **Routine care**—within 4 to 6 weeks.
- ▶ **Urgent care**—within 48 hours of referral.
- ▶ **For PCP emergent care**—within 24 hours.
- ▶ **Emergency care**—should be performed immediately upon arrival.

For office wait times, these standards should be followed:

- ▶ Wait times for scheduled appointments should not exceed 45 minutes.
- ▶ Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment.
- ▶ Emergency patients should be seen immediately.

After business hours, providers are required to offer arrangements for access to a covering physician, or have an answering service, triage service or voice message that directs members how to access urgent and emergency care.



How We Strive For Quality

Absolute Total Care's primary quality improvement goal is to advance members' health through a variety of meaningful initiatives across all care settings.

We rely on our Quality Improvement (QI) Program to support this goal. The scope of our QI Program is comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service. The program monitors a variety of factors, including:

- ▶ Potential quality of care and quality of service complaints.
- ▶ Key performance measures such as access and availability.
- ▶ Ensuring members with chronic conditions are getting recommended tests and appropriate medications for their condition.
- ▶ Conducting member satisfaction surveys.
- ▶ Provider feedback via surveys, committee participation and direct feedback.
- ▶ Monitoring utilization management effectiveness.
- ▶ HEDIS data reporting.

Learn more about the QI program online at www.absolutetotalcare.com or call us **1-866-433-6041**.



Let Our Guidelines Be Your Guide

Our preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by our QI Committee.

We encourage providers to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. They should be applied for both preventive services as well as for management of chronic diseases.

Preventive and chronic disease guidelines

cover the following:

- ▶ ADHD
- ▶ Adult and child preventive services
- ▶ Asthma
- ▶ Breast cancer
- ▶ Depression
- ▶ Diabetes
- ▶ Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually, or upon significant change.



For the most up-to-date version of preventive and clinical practice guidelines, go to www.absolutetotalcare.com. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

How to Promote Women's Screenings

Get to know the four key HEDIS measures for women's preventive care.

1. BREAST CANCER SCREENING

Women ages 50 and older should have a mammogram every one to two years. (Women who've had bilateral mastectomies are exempt.)

Some medical practices take the fear out of mammography with fun, female-focused parties, where patients can network, get spa treatments and check the test off their lists in a relaxing environment.

2. CERVICAL CANCER SCREENING

It's natural for patients to put off those less-than-pleasant tests. Remind patients when they're due for a well-woman exam with emails or mailers. Consider suggesting getting the test on the same day every year. Some women choose their birthdays so they never forget.

HEDIS requests one of two tests: cervical cytology every three years for women ages 21 to 64, or cervical cytology and HPV co-testing every five years for women ages 30 to 64.

3. CHLAMYDIA SCREENING

If your patient is 16 to 24 and sexually active, suggest an annual chlamydia test. Pharmacy and claims data can help you identify which patients might be sexually active and therefore benefit from screening. A good time to bring it up? The annual physical exam.

4. PRENATAL AND POSTPARTUM

For pregnant women, the timing of doctor's visits is key. Your patients should see you within the first trimester and again between 21 and 56 days after delivery. Talk with patients about family planning goals and inform them of recommendations early on.

You Can Impact Our HEDIS Scores

HEDIS—the Healthcare Effectiveness Data and Information Set—is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA).

At Absolute Total Care, we review HEDIS rates on an ongoing basis, looking for ways to improve outcomes as part of our commitment to providing access to high-quality and appropriate care to our members.

Please take note of the HEDIS measures highlighted here: women's health screenings and flu.





Resources for Providing Culturally Competent Care

Absolute Total Care encourages and advocates for providers to offer culturally competent care for its members. Sensitivity to differing cultural influences, beliefs and backgrounds can improve not only a provider's ability to treat and communicate with patients but also, in the long run, the health of the patients themselves.

Local, state and national provider organizations to which you belong are likely to have information resources available. Providers may request this information by contacting their Provider Services Representative.

Providers are also encouraged to participate in training provided by other organizations. For information on these resources and trainings, visit:

- ▶ <https://cccm.thinkculturalhealth.hhs.gov>, "A Physician's Practical Guide to Culturally Competent Care," developed by the U.S. Department of Health and Human Services, Office of Minority Health.
- ▶ www.hrsa.gov/healthliteracy, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) site. Providers can find free online courses on topics such as addressing health literacy, cultural competency and limited English proficiency.



Addressing Patients' Concerns About the Flu Vaccine

As you know, the flu vaccine is one of the most important steps your patients can take to protect their health every year. Flu shots given to people ages 50 to 65 is a HEDIS measure.

When so many myths abound, patients can often be scared away from this preventive measure. Lay their fears to rest with this helpful guide.

PATIENT CONCERN:

"I waited too long to get the vaccine."

It's ideal to get vaccinated by October, when seasonal outbreaks can begin. But you can get the shot in January up until May and still benefit. Flu season typically hits its peak in February.

PATIENT CONCERN:

"The shot will give me the flu."

The flu shot can't cause flu illness. The vaccine is made with either a flu virus that has been inactivated or with no flu virus at all. The most common side effects—soreness where the shot was administered, low-grade fever, body aches—disappear within two days.

PATIENT CONCERN:

"It's better to get the flu than the vaccine."

The flu can be fatal. Older adults, young children and people with chronic illnesses

including asthma, diabetes and heart disease risk complications. One little shot can protect you and your loved ones from the flu, and make your illness less severe if you do catch something.

PATIENT CONCERN:

"What if I'm allergic?"

Allergic reactions are extremely rare and happen quickly (within minutes or hours). These are life threatening, but effective treatments exist. If you have an allergy to eggs, you should ask your doctor if you are a candidate for the vaccine (shot). Most vaccines contain a small amount of egg.



Every flu season, 5 to 20% of Americans catch the flu, and 200,000 are hospitalized with complications, according to the Centers for Disease Control and Prevention, www.cdc.gov/flu/about/qa/disease.htm. The CDC estimates that fewer than half of U.S. residents get the vaccine. Why? See what The Washington Post says at www.washingtonpost.com/blogs/wonkblog/wp/2013/01/12/why-64-8-percent-of-americans-didnt-get-a-flu-shot/.

The Appropriate Use of Resources

Absolute Total Care and its delegated partners have utilization and claims management systems in place to identify, track and monitor care provided and to ensure appropriate care is provided to members.

Absolute Total Care does not reward practitioners, providers or employees who perform utilization reviews, including those of the delegated entities for issuing denials of coverage or care. Utilization management (UM) decision-making is based only on appropriateness of care, service, and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists, and ancillary services. Criteria are established and periodically evaluated and updated with appropriate involvement from physician members of the Absolute Total Care UM Committee.

Providers may obtain the criteria used to make a specific decision by contacting the Medical Management Department at **1-866-433-6041**. Practitioners also have the opportunity to discuss any medical or behavioral health UM denial decisions with a physician or other appropriate reviewer at the time of notification to the requesting practitioner/facility of an adverse determination.

Learn more: Our UM staff is available 8 a.m. to 5 p.m. at **1-866-433-6041**.



Cultural Considerations: Interpreters

Do you have a patient who needs or would like an interpreter? Absolute Total Care provides interpretation services.

It's good to note to your patients that family members and friends are not the same as a professional interpreter. They are more likely to modify what the patient has actually said in their effort to be helpful.

A professional interpreter does more than interpret for the patient. Their job is to help facilitate communication between you and your patient.

When working with interpreters:

- ▶ Allow enough time for the interpreted sessions.

- ▶ Avoid jargon and technical terms.
- ▶ Keep your statements short, pausing to allow for the interpretation. Say one longer sentence or three or four short ones, and then stop in a natural place to let the interpreter pass your message along. The interpreter may need to hear the whole sentence before she can even start to interpret it.
- ▶ Ask only one question at a time.
- ▶ Be prepared to repeat yourself in different words if your message is not understood. If a response doesn't seem to fit with what you said, go back and repeat what you said in different words.



Helping Parents: Immunizations

A critical part of children's health care, immunizations can also be confusing to parents. Help parents understand and follow the recommended schedule for immunizations by sharing a simply formatted and customizable chart, like the one provided on this page. Distribute it to new patients and new parents along with appointment information. You may also direct members to reliable online resources like [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

Your Child's Immunization Schedule

Child's Name:

Date of Birth:

VACCINE	PROTECTS AGAINST	RECOMMENDED VACCINATION TIMING	DATE(S) RECEIVED	NOTES
HepB	Hepatitis B virus (chronic inflammation of the liver)	At birth; between 1 and 4 months; 6 to 18 months		
RV	Rotavirus (virus causing severe diarrhea and vomiting)	2 months; 4 months; 6 months		
DTaP	Diphtheria (thick covering in the back of the throat); Tetanus (painful muscle stiffness); Pertussis (whooping cough)	2 months; 4 months; 6 months; 15 to 18 months; 4 to 6 years		
Hib	Meningitis (infection of the covering of the brain and spinal cord); Epiglottitis (severe throat infection)	2 months, 4 months; 6 months; 12 to 15 months		
PCV	Pneumococcal disease (bacterial infection that can lead to pneumonia, blood infections and meningitis)	2 months; 4 months; 6 months; 12 to 15 months		
IPV	Polio (virus which can lead to paralysis)	2 months; 4 months; 6 to 18 months; 4 to 6 years		
Influenza	Influenza (virus causing fever, chills, sore throat, muscle aches, fatigue, cough, headache and runny/stuffy nose)	Annually, starting at 6 months		
MMR	Measles (virus that can lead to pneumonia, seizures, brain damage and death); Mumps (virus that can lead to deafness, meningitis, swelling of testicles/ovaries and sterility); Rubella (virus causing rash, arthritis, fever and potential miscarriage or birth defects in pregnant women)	12 to 15 months		
Varicella	Varicella (chicken pox caused by varicella-zoster virus)	12 to 15 months		
Hep A	Hepatitis A (virus that causes a liver disease)	12 to 23 months		

+ Tdap: You can protect your baby from whooping cough by getting a Tdap shot when you are pregnant, during the third trimester.





We Are Here to Help

You can contact us at the following numbers:

- ▶ Provider Services:
1-866-433-6041.
- ▶ Medical Management:
1-866-433-6041.
- ▶ Utilization Management Staff:
1-866-433-6041.

To learn more about our provider services and processes, please check our provider manual, available at www.absolutetotalcare.com.

If you or one of our members would like a paper copy of anything found on our site, please contact **1-866-433-6041**.

How You Can Support HEDIS Scores

HEDIS measurements are an important part of measuring and reporting on health care quality. They give consumers and employers a way to make informed decisions as they choose care.

Below is a summary of key HEDIS measurements related to children's health.

WELL-CHILD EXAMS

- ▶ **Ages 0 to 15 months:** 6 well-care visits (at least 2 weeks apart) with a PCP, to include health and development history, physical exam, and health education/anticipatory guidance.
- ▶ **Ages 3 to 6 years:** Annual well-care visit with a PCP each year, to include

health and development history, physical exam, and health education/anticipatory guidance.

- ▶ **Ages 12 to 21 years:** Annual well-care visit with a PCP or OB/GYN, to include health and development history, physical exam, and health education/anticipatory guidance.

LEAD SCREENING

For children in the Medicaid population, at least one capillary or venous lead screening test on or before their second birthday.

DENTAL VISIT

For Medicaid enrollees ages 2 to 21, at least one dental visit annually.

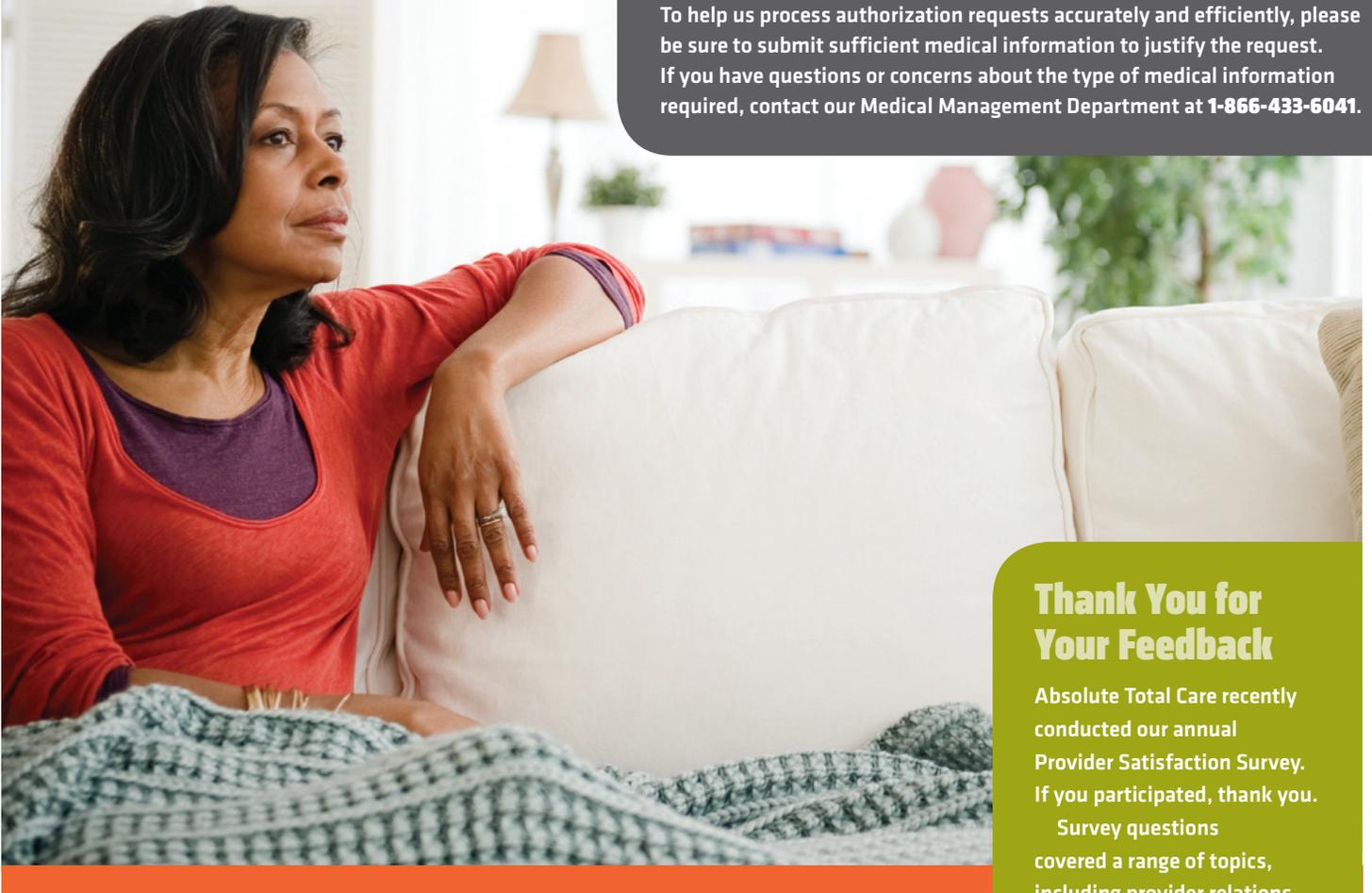
Behavioral Health Services for Your Patients

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.

For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call **1-866-433-6041**.

» REMINDER

To help us process authorization requests accurately and efficiently, please be sure to submit sufficient medical information to justify the request. If you have questions or concerns about the type of medical information required, contact our Medical Management Department at **1-866-433-6041**.



Thank You for Your Feedback

Absolute Total Care recently conducted our annual Provider Satisfaction Survey. If you participated, thank you.

Survey questions covered a range of topics, including provider relations, coordination of care, utilization, finance and overall satisfaction. Your feedback will guide our improvement efforts in the upcoming year.

Specifically, we plan to focus on the following areas for improvement:

- ▶ Improving procedures for obtaining prior authorizations
- ▶ Timeliness and accuracy of resolving claims payment disputes
- ▶ Increasing the number of providers in network

When Is a Self-Referral OK?

For **Absolute Total Care** members, the following services do not require PCP authorization or referral:

- ▶ Prescription drugs and certain prescribed over-the-counter drugs that are on the Preferred Drug List (PDL).
**Medications not found on the PDL will require your PCP to request an authorization from Absolute Total Care.*
- ▶ Emergency services, including emergency ambulance transportation
- ▶ OB/GYN services, including those of a certified nurse midwife
- ▶ GYN services, including those of a certified nurse midwife
- ▶ Women's health specialist covered services provided by a federally qualified health center (FQHC) or certified nurse practitioner
- ▶ Mental health and chemical dependency/substance abuse services for the first six standard outpatient sessions per member per year
- ▶ Family planning services and supplies from a qualified family planning provider
- ▶ Routine eye exam for ages 20 and younger.

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