



Q&A: Credentialing rights

What happens 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.

How can I review these sources?

The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.

What if there is a discrepancy between these sources and the information I provide?

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.

How can I respond to any discrepancy?

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.

How can I learn the status of my application?

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**.

Hours of operation policies

Please review your hours of operation policy to ensure that you are offering Medicaid members the same hours as commercial members, as required by the National Committee for Quality Assurance (NCQA).

State law requires that providers give equal offerings in terms of hours and appointments to Medicaid as non-Medicaid patients. If you are a provider that only sees Medicaid patients, you must provide parity of hours to Medicaid managed care members and Medicaid fee-for-service members.

Please note that NCQA will review provider contracts, manuals and marketing materials for any language that suggests hours of operation are different for Medicaid and non-Medicaid patients.



Review of denials

Absolute Total Care sends you and your patients written notification any time a decision is made 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 decision.

PEER-TO-PEER REVIEWS

If 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.

Notification of Pregnancy Form

The Notification of Pregnancy (NOP) form gives us detailed information about your patients.

The form will also enroll your patients into our Start Smart for Your Baby® program. This program helps to keep our members engaged with their pregnancy, as well as to achieve a healthy pregnancy outcome.

NOP forms can be found at <http://www.absolutetotalcare.com/for-providers/resources/forms/>.

Providers who complete and submit these forms in their entirety may be eligible for our obstetrical incentive programs. For more information about the NOP form and incentive programs, please contact Absolute Total Care at **1-866-433-6041**. Your patients can also call Absolute Total Care to ask about our Start Smart for Your Baby program.

Requests for physical, speech and occupational therapies

Prior authorization requests for therapies require the following information:

- Signed physician order or electronic referral with signature.
- Initial therapy evaluation that includes subjective information, objective findings with a complete physical exam documenting measurements, amounts, degrees and strength.

- Plan of care that includes goals that are measurable and reasonable for the diagnosis. The plan of care should include a home exercise program and proposed modalities of therapy.

The initial evaluation for therapy does not require prior authorization; however, subsequent care requires authorization and submitting this information along with the request form facilitates the review process and turnaround time.

Filing an appeal on a member's behalf

The denial notice (notice of action) will also inform you and the member on how to file an appeal on the member's behalf. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing with member's consent. Please note any expedited (standard) appeals submitted on the member's behalf must contain a written member's consent. The member consent form (Appointment of Authorized Representative Form) can be found on our website at <http://www.absolutetotalcare.com/for-providers/resources/forms/>.

Help your patients, help 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). HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year. Through HEDIS, NCQA holds Absolute Total Care accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Absolute Total Care also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please read over the HEDIS topics covered in this issue of the provider newsletter: diabetes, hypertension and cardiac health. You can also review Absolute Total Care's clinical practice guidelines at <http://www.absolutetotalcare.com/for-providers/quality-program/practice-guidelines/>.

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
 - HbA1c result < 8.0 = good control
 - HbA1c result < 7.0 for selected population
- Blood pressure control— < 140/90
- Dilated retinal eye exam— annually, unless the exam the year prior was negative, then every 2 years
- Nephropathy screening test— macroalbumin or microalbumin urine test at least annually (unless documented evidence of nephropathy)

What providers can do

1. Dilated retinal eye exam: Absolute Total Care can assist your office with finding a vision provider. Our vision vendor supports our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
2. Nephropathy screening test: Did you know a spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening?

HEDIS for heart care

The HEDIS measure Controlling Blood Pressure (CBP) applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). The HEDIS measure evaluates the percentage of patients with hypertension with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg, or 140/90). For patients ages 60-85, adequate control is defined as less than 150/90.

The HEDIS measure for persistence of a beta-blocker treatment regimen after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). This measure calls for treatment with beta-blockers for 6 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.

What providers can do

- Continue to suggest and support 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 patients to contact us for assistance in managing their medical condition. Absolute Total Care's 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.



DISEASE MANAGEMENT SUPPORTS HEALTHY OUTCOMES

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

A major goal of our disease management program is to support the member's ability to self-manage chronic conditions. We strive to achieve this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence.

Learn more about our disease management services by calling **1-866-433-6041**.

A shared agreement

Member rights and responsibilities cover the member's treatment, privacy and access to information. We have highlighted a few of the rights and responsibilities below. There are many more, and we encourage you to review your provider handbook.

Member rights include, but are not limited to:

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

Member responsibilities include, but are not limited to:

- 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 non-emergency medical needs
- Notifying their PCP of emergency room treatment



We help moms **Start Smart**

Start Smart for Your Baby® (Start Smart) is our special program for women who are pregnant. We want to help women take care of themselves and their babies every step of the way. To take part in this program, women can contact Member Services at **1-866-433-6041**. As soon as you confirm a patient's pregnancy, submit a Notification of Pregnancy form (NOP). This will automatically enroll the member into the Start Smart program.

NOP forms can be downloaded at <http://www.absolutetotalcare.com/for-providers/resources/forms/>.

Case managers connect the dots

Case managers are advocates, coordinators, 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 case 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.

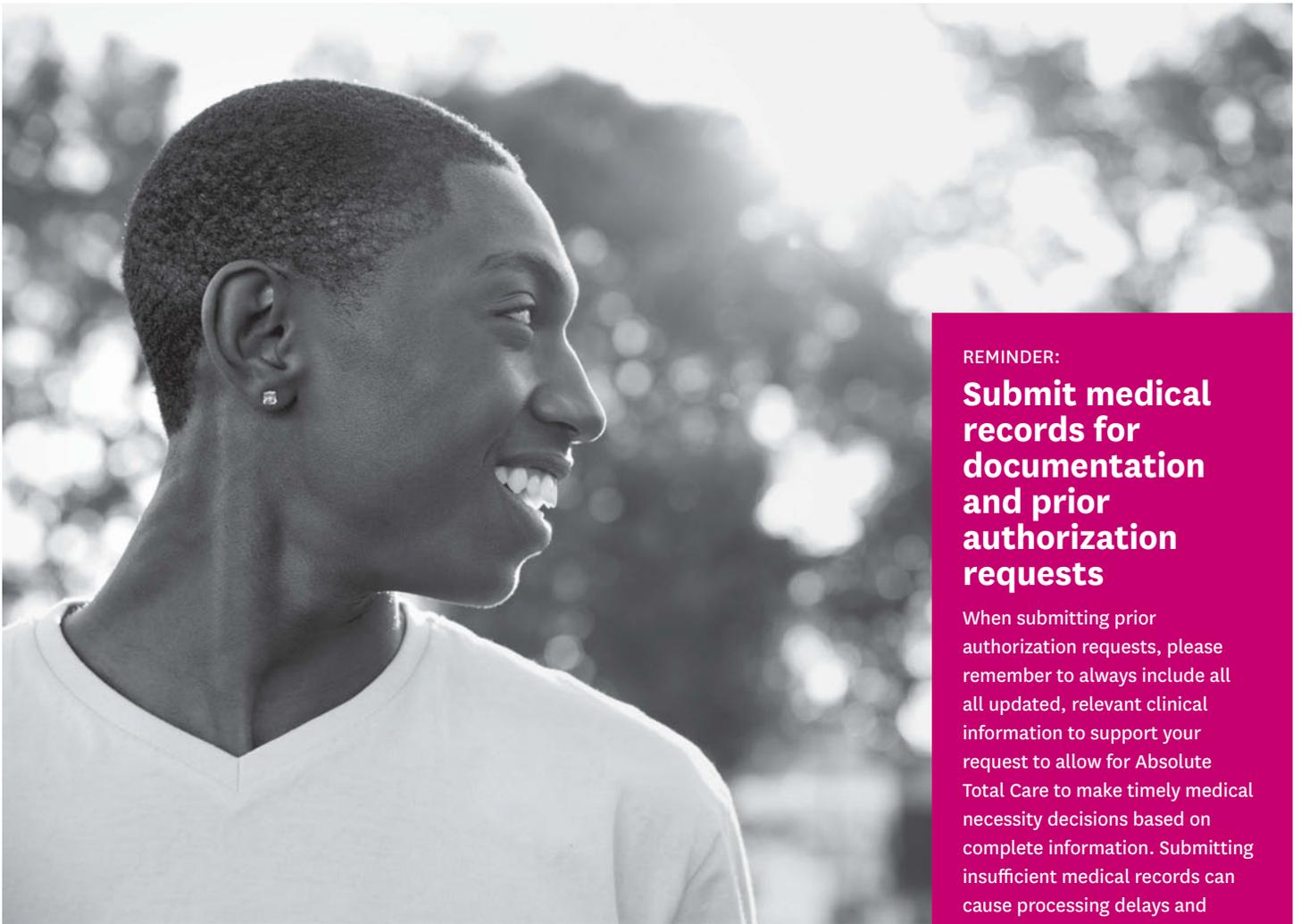
On your team

Case managers do not provide hands-on care, diagnose conditions or prescribe medication. The case 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 co-morbidities

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



Caring for adolescents

Growing into adulthood is a time of great transition—including changes in healthcare needs. Absolute Total Care supports members of all ages in getting the care they need.

Parents and providers should discuss whether adolescents are seeing the right doctor. For example, adolescents who are seeing pediatricians may need to switch to an adult doctor. Talk with parents. You can help ensure that there are no breaks in an adolescent's care. It's important for adolescents to see their doctor at least once a year.

Absolute Total Care is required to provide information about how it can help members who are reaching adulthood choose an adult primary care practitioner. Members who need help finding the right doctor or making appointments can call Member Services at **1-866-433-6041**.

ACCESS AND AVAILABILITY

The availability of our network practitioners is essential to member care and positive treatment outcomes. Absolute Total Care regularly evaluates its network and appreciates you working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the following geographic accessibility standards.

- Primary care providers should be within a maximum of 30 miles of a member's place of residence.
- Specialty care providers should be within a maximum of 50 miles of a member's place of residence.

Thank you for being accessible to our members and providing the highest quality of care.

REMINDER:

Submit medical records for documentation and prior authorization requests

When submitting prior authorization requests, please remember to always include all updated, relevant clinical information to support your request to allow for Absolute Total Care to make timely medical necessity decisions based on complete information. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

Prior authorization forms are available on our website at www.absolutetotalcare.com/for-providers/resources/prior-authorizations/.

Please include a contact name and phone number on all clinical information. Providing this information will help us during the review process should we have any questions or need additional information.

TIMEFRAMES TO REMEMBER:

The determination turnaround time for a standard request is 14 calendar days.

For an urgent request the turnaround time is 72 hours.

If you have questions or concerns about the type of medical information required, contact our Medical Management Department at **1-866-433-6041**.



CentAccount® expands

We are improving our program and added Walmart to the list of participating stores. Members who earn rewards on their CentAccount card can now use their rewards card at Walmart to buy hundreds of different types of items. Some of the items members can buy include:

	BABY CARE		OVER-THE-COUNTER (OTC) MEDICINE
	EYE CARE		PERSONAL CARE
	HEALTHY GROCERIES		WELLNESS

CentAccount cards are automatically mailed to members when a claim for a healthy behavior has been processed. Healthy behaviors include but are not limited to yearly well visits, getting a flu shot, immunizations and prenatal visits. For a complete list of items that can be purchased with the CentAccount card and healthy behaviors, visit www.absolutetotalcare.com or call us at 1-866-433-6041.

BEHAVIORAL HEALTH: POST-DISCHARGE APPOINTMENTS

Do you have a patient who was recently hospitalized for a behavioral health condition and is having difficulty arranging a post-discharge appointment? Let us help! Outpatient follow-up within 7 days of discharge—as well as another visit within 30 days of discharge—is vital to an individual's recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

We have staff who will work with you to encourage the appropriate follow-up care. If you're an outpatient provider and you cannot meet the appointment needs of these discharging members, or if you have more

availability than is being utilized, contact your Absolute Total Care Provider Relations Specialist to let them know.

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

- Scheduling support for follow-up appointments within the 7-day and 30-day time frames
- Appointment reminder calls to members
- Member transportation assistance

HEDIS SPOTLIGHT:

Antidepressant Medication Management (AMM)

The HEDIS AMM measure includes two sub-measures:

- 1. Antidepressant Medication Management (acute phase).** Percent of members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks.
- 2. Antidepressant Medication Management (continuation phase).** Percent of members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 6 months.

Depression is the most common form of mental illness, affecting about 6.9% (16 million) of American adults. Antidepressants have a significant role in treatment plans, but patient adherence is a notable challenge.

Make adherence a priority among patients who have been prescribed antidepressants. Ask patients to discuss side effects should they arise. Advise patients to track their feelings with a simple notation on their calendar—a plus or minus mark, a smiling or frowning face. At their next appointment, review overall trends along with medication compliance. For many patients, feeling involved in their treatment program can encourage adherence.

UPDATES TO OUR PHARMACY COVERAGE

Absolute Total Care is committed to providing high-quality, appropriate and cost-effective drug therapy to its members. We are regularly evaluating therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee,

whose membership includes community-based physicians, pharmacists and other practitioners, makes decisions on changes to the Preferred Drug List (PDL).

To obtain a printed copy of the most current PDL, which includes the procedures for prior

authorization and other guidelines such as step therapy, quantity limits and exclusions, please call Provider Relations at **1-866-433-6041**.

You can also view the PDL online at

www.usscript.com/Media/Default/docs/FORMULARY-ABSOLUTE_TOTAL_CARE.PDF.



Asthma education: Go back to basics

A **comprehensive medication plan** is critical in order to successfully manage asthma. If patients are struggling to control their asthma symptoms, try discussing the basics: Ask them if they understand when and how to take their everyday maintenance medication, their quick-relief medication and any nebulizer medications.

You can also take advantage of these online resources to help educate patients and their caregivers:

1. The American Lung Association's (AHA) free interactive online course, "Asthma Basics," at www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-basics.html
2. Lungtropolis®, an interactive website and game developed by AHA specially designed for children, at www.lungtropolis.com
3. The CDC's asthma resources for schools and childcare providers, which features a video series on how to use an inhaler, at www.cdc.gov/asthma/schools.html

ASTHMA HEDIS MEASURES

Medication Management for People With Asthma: Members ages 5 to 64	Two measures reported: 1. Members remaining on asthma controller medication for at least 50% of their treatment period. 2. Members remaining on asthma controller medication for at least 75% of their treatment period.
Codes	ICD-10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990, J45.991, J45.998
How Are We Doing?	2015 Rate 43.74%- Members remaining on asthma controller medication for at least 50% of their treatment period.* 2015 Rate 17.25%- Members remaining on asthma controller medication for at least 75% of their treatment period.*

*Current rate as of January 27, 2016.



Member satisfaction survey results

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 health plan improve. We also want to share the results with you, since you and your staff are a key component of our members' satisfaction. Here are some key findings from the survey*:

* Results for the 2015 Adult survey can be found in our previous **Winter/Spring 2015 newsletter**.

AREAS WHERE WE SCORED WELL	2015 RESULT	2015 GOAL
Getting needed care	87.5%	83.1%
Getting care quickly	93.3%	84.6%
Rating of health plan	84.9%	72.6%
Rating of personal doctor	89.4%	83.3%
Rating of health care	89.3%	70.4%
How well doctors communicate	94.2%	92.5%
Customer service	90.3%	86.4%

As you can see, Absolute Total Care scored well in several areas for the child CAHPS survey, such as getting care quickly, rating of personal doctor, how well doctors communicate and customer service. However, we score significantly lower in almost all the adult CAHPS survey areas.

Absolute Total Care takes our members' concerns seriously. We want to partner with you to improve member satisfaction in the future. The 2016 CAHPS surveys are in the mail. Please encourage your patients and our members to complete the survey and to provide comments.

If you have any feedback on how we can improve our ratings, please contact your Network Relations Representative or the QI Department at **1-866-433-6041**, ext **64248**.

We are here to help

Contact us at **1-866-433-6041** to speak with our Provider Relations team. Explore our site for tools and tips about utilization management, quality improvement, prior authorization and more.

To learn more about our provider services, please check our provider manual, available at <http://www.absolutetotalcare.com/for-providers/resources/forms/>.

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

New technology, new coverage

Absolute Total Care evaluates the inclusion of new technology and new application 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**.

