



Reviewing the appropriate use of resources

Absolute Total Care has utilization management (UM) and claims management systems to identify, track and monitor care provided to our members. UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, 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 the review of scientific evidence and input from relevant specialists.

UM decision-making is based only on 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. Financial incentives for UM staff do not encourage decisions resulting in underutilization of services.

To help us make appropriate UM decisions, providers should submit complete clinical information with the initial request for a service or treatment. If a denial of coverage or care is issued, providers have the opportunity to discuss the denial decision with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers may request UM criteria pertinent to a specific authorization or speak to a UM representative at any time by contacting the UM Department at **1-866-433-6041**.

How we measure quality

Absolute Total Care strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allow direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee composed of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS allows for standardized measurement and reporting and accurate, objective side-by-side comparisons. Learn more at ncqa.org.

Please note the HEDIS measures highlighted on the next pages regarding child and adolescent health visits and lead screening.



Guidelines for well-child care

Absolute Total Care reminds parents that children should have a well-child visit every year and that routine health screenings and needed immunizations can help ensure children are healthy and developing normally.

For children under age 21 who are enrolled in Medicaid, services are provided through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which requires preventive, dental, behavioral health, developmental and specialty care.

The American Academy of Pediatrics offers guidelines for caring for infants, children and adolescents through Bright Futures, a health promotion and prevention initiative. These guidelines include health promotion and anticipatory guidance, disease prevention and early detection of disease, and development and behavioral health screenings.

Under Medicaid rules, states must develop a periodicity schedule for recommended care. States may elect to use the Recommendations for Preventive Pediatric Health Care periodicity schedule developed by Bright Futures or a different periodicity schedule developed by a recognized medical organization.

In October 2018, Bright Futures released the second edition of its Bright Futures Tool and Resource Kit, a compilation of current forms and materials related to preventive health supervision and health screening for infants, children and adolescents. The toolkit is designed to accompany the organization's guidelines.

Our members' satisfaction matters

To provide the best care, Absolute Total Care surveys our members annually about their healthcare experiences. Because you and your staff are such an integral part of our members' healthcare experiences, we share the results with you. The survey results show how members feel about care they receive from our providers and service they receive from the health plan.

Absolute Total Care uses the results to help improve care. With your assistance, providers can improve survey results by focusing on customer service year-round, improving communication and helping members feel connected to their providers and the health plan. Results were gathered using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. In addition, Absolute Total Care submits survey results to the NCQA to meet accreditation requirements.

Measure	2017 Child CAHPS	2018 Child CAHPS	2017 Adult CAHPS	2018 Adult CAHPS
Getting needed care	92%	88%↓	82%	83%↑
Getting care quickly	91%	95%↑	86%	83%↓
Rating of health plan	86%	89%↑	77%	79%↑
Rating of personal doctor	91%	92%↑	82%	85%↑
Rating of healthcare	91%	88%↓	76%	76%
How well doctors communicate	95%	96%↑	92%	94%↑
Customer service	89%	92%↑	90%	86%↓

HEDIS for child well visits

Several HEDIS measures cover issues related to child well visits. These include:

- **Well-Child Visits in the First 15 Months of Life:** Assesses children who had up to six well-child visits with a primary care provider (PCP) during their first 15 months of life.
- **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life:** Assesses children ages 3 to 6 who received one or more well-child visits with a PCP in a year.
- **Adolescent Well-Care Visits:** Assesses adolescents and young adults ages 12 to 21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN in a year.
- **Children and Adolescents' Access to Primary Care Practitioners:** Assesses children and young adults ages 12 months to 19 years who had a visit with a PCP.



Health checks **for teens**

Just like younger children, teenagers need annual checkups. As children reach adolescence, providers should be aware that their health needs will change. According to the **American Academy of Pediatrics** (AAP), adolescents and young adults may engage in high-risk behaviors such as:

- Alcohol use, which plays a role in a high number of unintentional injuries and is the leading cause of death for this age group
- Use of electronics while driving
- Sexual activity

Many teens also engage in behaviors that can affect their long-term health, including smoking, poor eating habits and a lack of exercise.

To offer complete care to adolescents, providers will need to address not just physical and mental health, but also sexual and social development and risk-taking behaviors. Bright Futures, a health promotion and prevention initiative from the AAP, offers **guidance for providers** with adolescent patients. The guide offers detailed information on changes and challenges faced at different stages of development, breaking teens into three groups: ages 11-14, ages 15-17 and ages 18-21. An annual tobacco, alcohol and drug use risk assessment should begin at age 11, for instance, and screening for depression should begin at age 12.

You can find adolescent preventive care guidelines, along with guidelines for adult and child preventive care and for chronic diseases, at absolutetotalcare.com. Or call **1-866-433-6041** for more information. A copy of the guidelines may be mailed to your office as part of disease management or other quality improvement initiatives. Members also have access to these guidelines.

Adolescent immunization needs

As teen members head off to college, it's important for providers to review necessary immunizations. That's because, as **Consumer Reports** notes, the close quarters of dorm living make diseases much more likely to spread.

Though vaccine requirements differ by college and state, Consumer Reports says young adults entering college especially need vaccines for:

- Bacterial meningitis (meningococcal)
- Human papillomavirus (HPV)
- Influenza
- Tetanus, diphtheria and pertussis (Tdap)

Many young adults entering college may have received the necessary vaccinations during childhood. Go to the **Centers for Disease Control and Prevention website** to review an immunization schedule for those ages 18 and younger.

HEDIS

The HEDIS measure **Immunizations for Adolescents** assesses 13-year-olds who had one dose of meningococcal vaccine, one Tdap vaccine and the complete HPV series.

Screening for lead

Lead poisoning can cause intellectual, developmental and physical problems. Yet because it doesn't have obvious symptoms, it may be easily overlooked.

The **Centers for Disease Control and Prevention** reports that children living in 4 million U.S. households are being exposed to lead. High lead levels can damage the brain and nervous system. They can also cause developmental and growth delays, learning and behavioral problems and hearing and speech problems.

Absolute Total Care reminds providers that all children enrolled in Medicaid are required to have a blood lead screening test at ages 12 and 24 months. Children ages 24 months to 6 years who haven't been screened in the past should also have a blood lead screening test. The Centers for Disease Control and Prevention says there is no safe blood lead level.

HEDIS

The HEDIS measure **Lead Screening in Children** measures the percentage of 2-year-olds who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.



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Rising above the storm

On April 13, Absolute Total Care, in partnership with Pee Dee Community Action Partnership (PDCAP), hosted Rise Above the Storm, a community empowerment event at CD Joyner Auditorium in Marion, South Carolina. More than 300 Marion County residents attended the event, with over 30 volunteers on hand to assist the residents in navigating the function.

“We are proud to have taken part in this important outreach project,” says John McClellan, Plan President and CEO for Absolute Total Care. “Partnering with PDCAP to spread a message of hope and provide resources and information to impacted residents demonstrated our dedication to improve the well-being of affected residents. This event is just one way Absolute Total Care has transformed the health of the community, one person at a time.”

Volunteers from Absolute Total Care were uplifted by the gratitude and optimism of the attendees they encountered.

“It was amazing to see how all who attended had such a positive attitude and were an inspiration to each other. The community members that attended and the folks that participated in the event provided hope for each other and succeeded in opening their hearts to others,” says Joyce McElwain, Senior Vice President of Quality Improvement and Risk Adjustment.

In September 2018, while most of the community was still recovering from Hurricane Matthew, Hurricane Florence hit the Marion County area, bringing severe weather and flooding. Since then, an already impoverished community has been doing double duty to repair and heal. With assistance from Absolute Total Care, PDCAP and Columbia Urban League, Marion County residents were able to participate in a positive, empowering community event.

“It was a great day. Well over 300 persons were empowered and obtained information and resources to aid them in recovery. Much of this success is because of our sponsors and partners who rallied together to make this event exceed our expectations,” PDCAP Executive Director Walter Fleming says.

The day was filled with encouraging words, uplifting performances and a message of rising above the devastation of not only the physical storm but also what the county’s residents face on a daily basis. This message came in various



forms, but perhaps the most heartfelt was a keynote address from the late Sen. Clementa Pinckney’s wife, Jennifer Pinckney.

Mrs. Pinckney shared her own story of rising above the storm after the racially charged murder of her husband in the 2015 church shooting at Mother Emanuel AME in Charleston, South Carolina, which was followed by the loss of her mother only nine months later. Now left to raise their daughters, Eliana and Malana, on her own, Mrs. Pinckney noted her strength came from realizing that her children needed her to carry on.

“The Rise Above the Storm event exceeded my expectations. It was a prime example of community partners cooperating and coming together to provide resources and information to our citizens,” says Sen. Kent Williams, who attended the event.

“Jennifer Pinckney’s message resonates to all and reminds us that no matter what is happening in our lives, we can always give a little more to support and inspire others.”

After the event, speakers had a chance to share their thoughts and stories, and attendees were able to take a walk down Resource Row to explore the vendors in attendance. The event concluded with a free lunch for attendees.

Absolute Total Care would like to thank all sponsors and partners that attended and give a special thanks to the employees who volunteered their time to ensure a successful event.

Absolute Total Care employees who volunteered for Rise Above the Storm include:

- John McClellan, Plan President and CEO
- Joyce McElwain, Senior Vice President of Quality Improvement and Risk Adjustment
- Stephen Moore, Senior Vice President of Operations
- Talvin Herbert, Vice President of Compliance
- Rodney Gaw, Vice President of Finance
- Don Pifer, Vice President of Network Development and Contracting
- Jenna Meisner, Senior Director of Clinical Pharmacy Services
- Jennifer Marchant, Director of Operations
- Crystal Freie, Manager of External Relations
- Paul Morton, Customer Service Representative
- Cierra Peterson, Customer Service Representative
- Fatisha Hudson, Customer Care Professional
- Imani Gude, Customer Service Representative
- Lillie Youngblood, Community Relations Coordinator
- Asa Gillyard, Marketing and Communications Specialist





Meeting **appointment accessibility** standards

Are your patients able to obtain services when they are needed? Absolute Total Care monitors the availability of our network practitioners. Availability is key to member care and treatment outcomes.

Absolute Total Care follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms.

Please review the appointment availability standards in the Provider Manual.

Appointment Type	Access Standard
Routine visits with a PCP	Within four to six weeks
Routine visits with a unique specialist	Within 12 weeks
Urgent or nonemergency visits	Within 48 hours
Emergent or emergency visits	Immediately upon presentation at a service delivery site
Office wait time for scheduled routine appointments	Not to exceed 45 minutes
Walk-in nonurgent appointments	Should be seen if possible or scheduled for an appointment
Walk-in urgent appointments	Should be seen within 48 hours

After-hours requirements

Members need to know who to contact after business hours. Providers are required to offer arrangements for access to a covering physician after business hours, or they must have an answering service, triage service or voice message that explains to members how to access urgent and emergency care. This helps ensure our members get the best possible healthcare.

A hospital may be used for the telephone coverage requirement if the access line 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.



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