

Your Right to Review and Correct Information

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

Also, 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. 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.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by contacting the Absolute Total Care Credentialing Department at 1-866-433-6041.



Peer-to-Peer Review

Absolute Total Care will send you and your patient written notification any time we make a decision to deny, reduce, suspend or stop coverage of certain services. The denial notice includes information on the availability of an Absolute Total Care medical director to discuss the denial decision.

In the event that 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 care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

The denial notice will also inform you and the member about how to file an appeal and how to contact Absolute Total Care if assistance is needed. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Reviewing Our Care

Absolute TOTAL Care regularly looks at the quality of care that our members receive using rates in the Healthcare Effectiveness Data and Information Set (HEDIS). We appreciate your efforts in helping us improve our ratings.

2010 HEDIS Results with NCQA Percentiles

HEDIS MEASURE	ATC RESULT	NCQA PERCENTILE
Medication attention for diabetic nephropathy	88.40%	90th
Chlamydia screening in women	68.42%	75th
Use of appropriate asthma medication for people with asthma	93.91%	90th
Follow-up care for children with ADHD—continuation and maintenance phase	62.32%	90th
Annual dental visit	58.76%	75th
Timeliness of prenatal care	94.23%	90th
Postpartum care	76.21%	90th
Frequency of ongoing prenatal care	78.14%	75th
Medical assistance with smoking	73.18%	75th



MEASUREMENT

What Is HEDIS?

HEDIS 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 more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. Final HEDIS rates are reported to NCQA and state agencies in June of each year, however, Absolute Total Care reviews HEDIS rates on an on-going basis and continually looks for ways to improve our rates, as part of our commitment to providing access to high-quality and appropriate care to our members.

On this page and the next, we offer a summary of the HEDIS measures related to cardiac and diabetic patients, and how we can work together to deliver the best care to these patients.



Cardiac Care

→ The HEDIS measure for persistence of beta-blocker treatment after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). It calls for treatment with beta-blockers for six 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 that use of beta-blockers after AMI has been shown to reduce the risk of rehospitalization and death from subsequent attacks within the first two years, patient compliance remains a challenge—particularly among Medicaid patients.

→ Cholesterol management is a HEDIS measure that applies to any patient who has been discharged with AMI, coronary artery bypass graft or percutaneous coronary interventions, or has a diagnosis of ischemic vascular disease. The HEDIS rate measures the percentage of these patients who had an LDL-C screening performed during the calendar year, and the percentage of those patients with an LDL level less than 100 mg/dL.

→ The HEDIS measure that calls for high blood pressure control applies to patients who have been diagnosed with

hypertension (excluding individuals with end stage renal disease and pregnant women). The HEDIS rate is measuring the percentage of hypertensive patients with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg).

STEPS YOU CAN TAKE:

Continue to stress the value of prescribed medications for CVD patients at every appointment and inquire about side effects; continue to offer education and support related to other cardiac risk factors such as smoking, high blood pressure, obesity or family history of heart disease and the importance of exercise and nutrition. If possible, coordinate with pharmacies to remind patients to fill or refill prescriptions. Absolute Total Care can also 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 cardiovascular disease.

Absolute Total Care case management staff can assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions; contact Absolute Total Care if you have a member you feel could benefit from our case management program.

Comprehensive Diabetic Care

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
- **HbA1c level** –
 - HbA1c result > 9.0 = poor control (CPT II code 3046F)
 - HbA1c result < 8.0 = good control (CPT II code 3044F)
 - HbA1c result < 7.0 for selected population (CPT code 3044F)
- **LDL-C testing** – completed at least annually
 - LDL-C result < 100 (CPT code 3048F)
- **Dilated retinal eye exam** – annually, unless prior negative exam then every 2 years
- **Nephropathy screening test** – at least annually (unless documented evidence of nephropathy)

In analyzing our data surrounding comprehensive diabetic care, Absolute Total Care found many patients receive HbA1c testing, but these same patients are missing the LDL screening. When identifying opportunities for improvement,

several questions arose: Is LDL testing not ordered? Do providers order LDL testing, but patients do not have their blood drawn? Do patients forget to fast; therefore the LDL testing is not performed at the same time the HbA1c is completed?

HbA1c and LDL-C testing: A reminder to fast and stressing the importance of having both tests drawn at the same time may help patients with compliance. Absolute Total Care has ongoing efforts to educate our diabetic members about the importance of both these tests.

Dilated retinal eye exam: Absolute Total Care can assist your office with finding a vision provider for your patients if needed. Our vision vendors are helping in our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.

Nephropathy screening test: Did you know a spot urine dipstick for microalbumin or a random urine for protein/creatinine ratio are two methods which meet the requirement for nephropathy screening? These may be appropriate tests for those patients you feel do not require a 24 hour urine test.



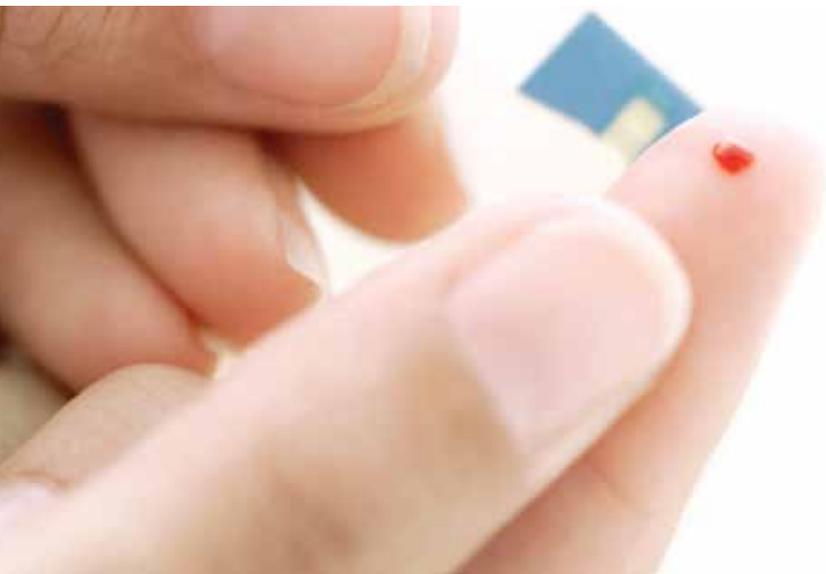
ADVANCE DIRECTIVES

What's Your Responsibility?

Absolute Total Care wants to ensure our members are getting information about advance directives, as well as their right to execute these important documents. Absolute Total Care educates our members about advance directives regardless of health status; when providers also take advantage of opportunities to discuss advance directives when their patients are healthy, it can make the topic more comfortable.

It's critical that providers and office staff are aware of, and comply with, their responsibilities under federal and state law regarding advance directives. Providers are required to document provision of information, and whether or not the patient has arranged an advance directive, in his or her permanent medical record.

During our medical record compliance audits, Absolute Total Care will randomly monitor compliance with this provision. Please contact us if you would like general information about advance directives or in regards to a specific member.



COVERAGE POINT:
New Technology

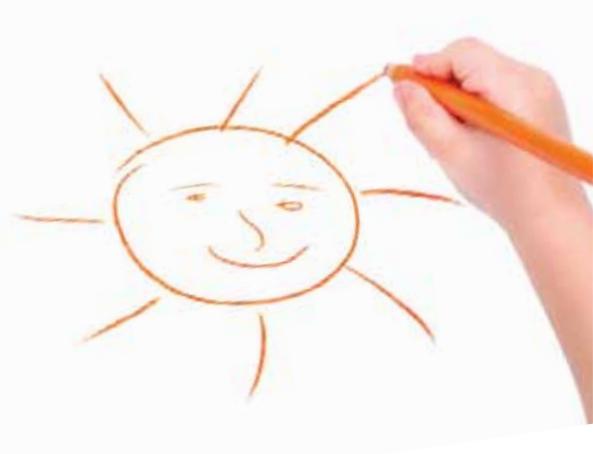
Absolute Total Care may provide coverage for new technology medical services or procedures that are not considered investigational or experimental. Absolute Total Care evaluates the inclusion of new technology and new application of existing technology for coverage determination on an ongoing basis. This may include medical and behavioral health procedures, pharmaceuticals, and/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.

How We Rate With Your Patients

Results from the Member Satisfaction Survey guide our initiatives for improvement.

Absolute Total Care completed a satisfaction survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Overall, our 2011 scores were impressive, with our ratings improving over 2010. We appreciate your efforts as a part of our provider network and thank you for helping us reach these scores. Below are a few of the notable scores:



2011 Adult CAHPS Survey Results		
MEASURE	RESULT	NCQA PERCENTILE
Getting Care Quickly	80.00%	75th
How Well Doctors Communicate	90.20%	90th
Rating of All Healthcare	66.70%	50th
Rating of Personal Doctor	79.90%	90th

2011 Child CAHPS Results		
MEASURE	RESULT	NCQA PERCENTILE
Getting Care Right Away	81.10%	90th
Getting Care Quickly	90.00%	90th
Customer Service	77.50%	50th
Rating of All Healthcare	83.30%	90th
Rating of Personal Doctor	86.10%	90th



WHAT'S ONLINE: Visit www.absolutetotalcare.com for additional resources, including training documents and electronic transactions details.



MEMBER SERVICES
 SERVICIOS A LOS MIEMBROS
1-866-433-6041

HEALTHY CONNECTIONS
1-877-552-4642

