

Quarter 1 2022

In this issue:

- **CEO Message - Partners in Care, Keeping in Touch**
- **Provider Profile: Dr. Kashyap Patel**
- **Annual CAHPS Survey**
- **HEDIS Hybrid Season**
- **ATC Associate Spotlight: Dr. Barry Lewis**
- **New Address for Absolute Total Care**



PROVIDER LINKS:

- **Absolute Total Care Provider News:**
<https://www.absolutetotalcare.com/providers/provider-news.html>
 - **Absolute Total Care Clinical & Payment Policies:**
<https://www.absolutetotalcare.com/providers/resources/clinical-payment-policies.html>
 - **Ambetter from Absolute Total Care Provider News:**
<https://ambetter.absolutetotalcare.com/provider-resources/provider-news.html>
 - **Ambetter from Absolute Total Care Clinical & Payment Policies:**
<https://ambetter.absolutetotalcare.com/provider-resources/clinical-payment-policies.html>
 - **Wellcare National Medicare provider newsletter:**
<https://www.wellcare.com/en/South-Carolina/Providers/Newsletters>
 - **MMP and Medicare Advantage Clinical and Payment policies:**
<https://www.absolutetotalcare.com/providers/resources/clinical-payment-policies.html>
-

CEO Message:

Partners in Care, Keeping in Touch



I want to start with one word: *Thanks*. Thank you, provider partners, for your commitment to a healthier South Carolina. Thank you for persevering through these trying pandemic years. Thank you for trusting us as your partner through it all.

Thanks for caring for your patients each day.

This is the inaugural issue of ***Absolute Total Caregivers***, our quarterly e-newsletter to keep in touch with you. To ensure access to our latest news and policies. And most importantly, to support healthier outcomes for those we serve.

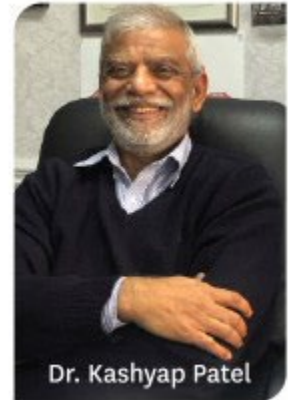
Working with you, our company provides comprehensive, quality plans for those on Medicaid, Medicare, those dually eligible for both Medicaid and Medicare, and those with Affordable Care Act Marketplace coverage. In all these lines of business, we strive to provide excellent coverage, while always seeking ways to improve our products. We could do none of this without you.

And we want to be your plan partner of choice. We value our shared vision and labor in serving South Carolinians. Should you ever have any issues working with us, please contact us anytime, as we want to support your vital work caring for our fellow citizens.

From all of us at Absolute Total Care, I'll say it again – *thanks!*

Rock Hill Oncologist Wants No Patient Left Alone

After three decades of providing medical care, authoring several books, articles and research, launching a few businesses and leading multiple provider associations, Dr. Kashyap Patel decided to slow down a bit. He paid for 50 golf lessons, looking forward to a little more time outside the office. He deserved the break.



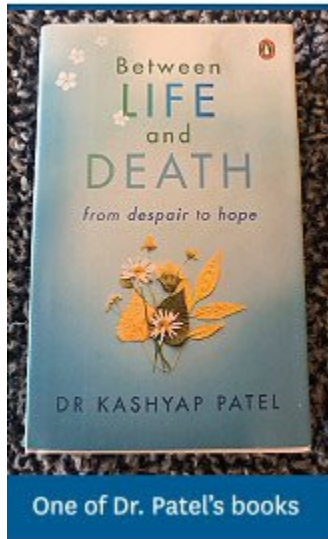
But he'd only enjoyed a few of those lessons when the COVID-19 pandemic hit. Dr. Patel, a Rock Hill hematologist, saw how health and social inequalities were fatally impacting those in his practice. Coronavirus brought to light the alarming disparities in the health outcomes and survival rates among his patients.

He knew the issues driving the adverse outcomes could be addressed, and he knew he could be part of the solution.

"I said, 'To hell with golf,'" he laughs.

Thus was born the NOLA project. NOLA stands for "No One Left Alone," and it's more than a name for Dr. Patel and his teammates at Carolina Blood and Cancer Care. It's an effort to address the whole health of each patient, to not only ensure enhanced cancer care, but find solutions and resources that improve patients' overall well-being.

The first order was to address the medical issues. That meant more testing and focused treatment. "For example, look at lung cancer," says Dr. Patel. "Only 13 percent of eligible patients in Medicaid and Medicare get screened." Working with labs, Dr. Patel's team has a 90% testing rate among patients.



“This better testing helps us seek what to treat and what not to treat,” says Patel. “That’s important for the patient, and the system. The worst treatment ever is the one that does not work. That increases costs and can produce harmful side effects.”

Beyond the increased testing and targeted treatment, the focus turned to broader life “symptoms.”

“We began by asking patients about their financial situation, and if they were insured or insured,” Dr. Patel explains. “If they’re uninsured, we work to get them insured.”

And that’s just the first social factor. “Maybe they need help with food,” he continues, “so we can help them find a food bank. We have helped patients with things like gas cards and gym memberships. We’re asking about their housing and looking at cognitive assessments or their literacy status. We’re asking about alcohol, smoking, maybe other drugs. Whatever their needs are, there may be assistance available, and we can help them find that.”

Dr. Patel has three employees dedicated to NOLA. Funding and design were implemented in partnership with the federal Centers for Medicare and Medicaid Services. More than 200 patients have been assisted in the first nine months, receiving \$136,000 in direct cash assistance from local agencies. In addition, NOLA has secured \$1.6 million from drug companies to help with out-of-pocket costs.

Assistance with the out-of-pocket costs is particularly valuable to patients, according to Patel. “Often, these people would have dropped out of care,” without that financial help. But as for care at his practice, not one gets turned away. “Anyone who comes in, gets care,” says Patel.

That open door policy is no secret. State Senator Wes Climer of Rock Hill recently highlighted Carolina Blood and Cancer during debate on a healthcare issue. Speaking about Patel's open-door policy, Sen. Climer said, "They don't ask you to pay when you walk in the door. They just want to take care of you."



Helping people no matter their means and needs "is our moral obligation," Dr. Patel says. "We don't make money off them." But the philosophy can save money, he's finding. "Consider the increased screenings," Patel offers as an example. He explains that catching cancer early could mean about \$25,000 in surgery, versus stage three or four cancer treatment that can be \$500,000 to \$1 million.

NOLA seeks to document these fiscal and health improvement outcomes. Creating a new encounter code in his practice, Dr. Patel is capturing the social demographics of patients to create a picture of how they presented, the care and support they received, and how they are doing. He's writing a white paper and building a plan. Dr. Patel has created a model examining the factors that lead to cancer health disparities. These factors include:

- Lack of screening and precision medicine testing/treatments
- Social Determinants of Health impact
- Lack of access to trials
- Lack of access to care
- Financial struggles
- Payer related factors

Dr. Patel wants to take his findings to medical societies and state agencies to scale a program like NOLA and help more patients – not just cancer patients. "Our society has enough resources to help everyone," he says, "but we have to think outside of the box."

So why does Dr. Patel do this?

As a child, Dr. Patel saw a movie about a man dying from lymphoma and cried about it for three days. His father encouraged him to become an oncologist and try to cure cancer.

He grew up in rural India, near the home of Mahatma Gandhi. Dr. Patel remembers his father taking him to see the memorial where Gandhi lived and worked.

“There was this quote there,” says Dr. Patel. “Gandhi said, ‘The true measure of any society can be found in how it treats its most vulnerable members.’”

With a heart for service, Dr. Patel found fertile fields in America. “I have been given so much love by this country, and by South Carolina,” he explains. “This has been like a service project. I’m only giving back a fraction of the love I have been given. We can become the voice for the voiceless.”

His patients clearly express their gratitude, their love, for Dr. Patel and his associates. It’s in the letters they send to Carolina Blood and Cancer Care. “I don’t know if I could survive without your support and thoughtfulness,” writes one. “Y’all are the best in the world,” declares another. A third writes, “I can speak for many who are thankful you have crossed our paths and stopped to embrace us.” Such comments, and the lives behind them, drive Dr. Patel and his team.

And yet, another patient, aware of this drive, writes, “Remember to take care of yourself.”

Heeding such advice from the patient to the provider, Dr. Patel considers what he will do once the matured NOLA model is self-sustaining and replicating. Building No One Left Alone has left a certain collection of sticks in a bag, back home, alone.

“Maybe I’ll play more golf,” he laughs.

Annual CAHPS® Survey – How Are We Taking Care of Our Patients?



The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided and assess member satisfaction with care. This survey focuses

on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, ability to get appointments when needed, understanding how to take their medications, and the coordination of their healthcare needs. The survey runs from March - June 2022. We hope you will encourage your patients to participate if selected.

HEDIS Hybrid Season: Help Us Help You Help Patients!

HEDIS Hybrid Season is here, and you can help us collect records to improve patient care.

Now through early May, Absolute Total Care or one of our approved partners may contact you for patient records (or EMR access). Please help us in this effort to improve quality outcomes. Below is more information about the HEDIS® Hybrid Season.



What is HEDIS® Hybrid Season?

Healthcare Effectiveness Data and Information Set (HEDIS®) is administered by the National Association for Quality Assurance (NCQA); and is used as a measurement tool used by health plans to evaluate performance in terms of clinical quality and member satisfaction. HEDIS® Hybrid Season began early February and runs through May 6.

How is HEDIS® data collected?

HEDIS® data is collected three ways:

- Administrative data obtained from our claims database
- Survey data from member and provider surveys such as CAHPS
- Hybrid data from a combination of the administrative data and medical record review

How can healthcare providers assist with HEDIS®?

During HEDIS® Hybrid Season, the health plan sends out medical records requests to our network providers to access member medical records for data not captured in claims. Medical records consist of complete, comprehensive member records including X-rays, lab tests, results, examinations, and notes. Providers' assistance in access the medical records is greatly appreciated.

What happens with the HEDIS® data?

Hybrid data requires a review of a random sample of these records to abstract data for services rendered that were not reported through claims/encounter data. Measures typically requiring medical record review include comprehensive diabetes control, control of high blood pressure, immunizations, prenatal care, and well-child care.

How does this data improve care?

By analyzing this data, we can identify opportunities to help providers close gaps in care and improve outcomes for our members.

Why We Do What We Do:

Q & A with Dr. Barry Lewis, MD, MBA, ATC Chief Medical Officer

When did you know you wanted to serve in the medical field?

I knew I wanted to get into medicine by age nine or ten. I guess I was a strange one! I wanted to be a pediatrician. I knew that early in life. But I'll tell you, once I did get into pediatrics, I changed my mind. During med school, as I worked with children, I was sick a lot. I kept getting sick from the "kiddy bugs" from the patients, so I switched to anesthesiology because I was also so interested in human physiology and critical care.



Where did you go to college? What degrees do you hold?

I went to Vanderbilt for my undergrad, majoring in mathematics. I went to med school at the University of Tennessee, Memphis, serving my residency at Johns Hopkins. I got my MBA from the University of Tennessee.

What led you to take on a role like Chief Medical Officer?

Early in my career, I became interested in population health. As a resident, my attending physicians were contributing to healthcare outside of the anesthesia field. One attending was an expert in neurology and hyperbaric oxygen. Colleagues and attending physicians had diverse backgrounds: primary care physicians, drug developers, even former Wall St. employees. As a junior attending myself, I saw the ICU attending physician developing an ICU telehealth spinoff. The innovation and diversity inspired me to pursue other interests in addition to providing exceptional clinical care. I have always been passionate about developing systems to ensure quality outcomes.

What do you think COVID has taught us?

The main lesson is to plan a strategy to adapt our weakened healthcare system. Systems are designed to get the results that they get. COVID identified a lot of breeches in our healthcare system, a lot of deficiencies – and the measurement of those deficiencies. System issues such as health disparities, access deficiencies, and disinformation have exacerbated lagging health status metrics such as obesity, increased suicide rates, increased mortality rates, and poorer maternal and perinatal outcomes. In South Carolina, we have room to improve these health

outcomes and ATC is motivated to improve care and the healthcare system. It's all about better outcomes and member well-being.

What are some of South Carolina's biggest healthcare challenges?

South Carolina's healthcare needs are not very different from the needs of all states. First, we should do a state assessment of the transection of the healthcare workforce, network adequacy, and patient access. People need to access care, and I'm concerned about physician burnout. Clinicians are rapidly leaving clinical practice, leaving critical care gaps. We need to find ways to support our healthcare workers.

Second, we need to get as many people insured as possible. In South Carolina, we have fewer people percentages eligible and enrolled in Medicaid. We have a coverage gap at the health insurance level and this leads to disparities affecting health outcomes. Especially with the forthcoming end of the public health emergency – how can we help those childless adults that can gain coverage on the Exchanges? Third, we need an integrated health system with data sharing. We have siloed data that can be coordinated through a statewide health information exchange. Finally, telehealth. Our state can only benefit from thoughtful telehealth build-out and broadband access in rural areas.

What is one task you do every day to maintain or improve your effectiveness?

I love my fitness activities. Running, weightlifting, HIT yoga (High Intensity Training) – that's how I love spending free time. And I do these activities in groups – I socialize while I exercise!

Tell us something we wouldn't know about you.

I love trees. Love them! Especially in the autumn – looking at the changing colors. Yet I'm not a nature guy. But I can appreciate it all as long as I have climate control around me!"

We Have Moved: Absolute Total Care's New Address



We have moved! Absolute Total Care has a new address:

100 Center Point Circle
Columbia, SC 29210

We are no longer at:

1441 Main Street
Columbia, SC 29201

Keep Us Informed

Absolute Total Care values everything you do to deliver quality care to our members. We want to make sure your practice receives timely information to help you do business with us and help change the health of our communities' one person at a time.

Please keep Absolute Total Care informed of your most up to date demographic information for your practice. That means it's important for us to know if you plan to move, change phone numbers or leave the network. Call **1-866-433-6041** to update/verify your contact information or status. You can also check your information on our secure provider portal at www.absolutetotalcare.com.

Please let us know at least 30 days before you expect a change to your information.

