



A shared agreement

Absolute Total Care (Medicare-Medicaid Plan) members are informed of their rights and responsibilities through the Member Handbook. Absolute Total Care providers are expected to respect and honor members' rights and to post the Member Rights and Responsibilities in their offices. We have highlighted a few below. There are many more, and we encourage you to consult your Provider Manual to review them.

Member rights include, but are not limited to:

- Being treated with respect, fairness, and dignity at all times
- 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, and being able to ask that the records be changed/corrected if needed

Member responsibilities include:

- Asking questions if they don't understand their rights
- Keeping scheduled appointments
- Having an ID card with them

NOTICE:

Improper billing of members

Billing Healthy Connections Prime members is not permitted. The Healthy Connections Prime program applies no deductibles or coinsurance to its members. Members, providers and plans are responsible for ensuring that Healthy Connections Prime members are not improperly billed. Improper billing is grounds for termination of the Medicare-Medicaid Plan provider agreement.

Providers may not bill Healthy Connections Prime members for any Medicare Part A and B costs or for any Medicaid-covered medical services or items, with the exception of allowable copays. Providers must bill directly to the Medicare-Medicaid Plan. Provider reimbursement from a Medicare-Medicaid Plan constitutes payment in full regardless of the type of service. All coordination of benefits should happen internally within the Medicare-Medicaid Plan. The patient cannot be billed for any balance after the Medicare-Medicaid Plan pays.

REMINDER:

Help prevent fraud

Absolute Total Care is committed to preventing, detecting, identifying, and reporting suspected cases of fraud, waste, and abuse, and has a Fraud, Waste, and Abuse (FWA) Program that complies with all state and federal laws. Absolute Total Care routinely conducts audits to ensure compliance with billing regulations.

If you suspect healthcare fraud is happening, please let us know. If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call Absolute Total Care's Fraud and Abuse Hotline at **1-866-685-8664** or email **ATC.Compliance@centene.com**.

You can also call the South Carolina Department of Health and Human Services (SCDHHS) to report fraud. Call its toll-free hotline at **1-888-364-3224** or email **fraudres@scdhhs.gov**.

Let us know your plans: Our goal is to provide seamless care for our members. To support this goal, it's important that we know about changes, such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- Change in practice address, phone, or fax numbers
- Change in practice office hours
- New office site location
- When a provider joins or leaves the practice

To ensure that your information is up-to-date, visit our secure provider portal or call Provider Services at 1-866-433-6041. Please let us know at least 30 days before you expect a change to your information.

Meeting appointment accessibility standards

Accessibility is defined as the extent to which a patient can obtain available services when they are needed. The availability of our network practitioners is key to member care and treatment outcomes.

Absolute Total Care evaluates compliance with these standards on an annual basis and uses the results of appointment standards monitoring to ensure adequate appointment accessibility and reduce unnecessary emergency room utilization.

APPOINTMENT TYPE	ACCESS STANDARD
Emergency visits	Immediately upon presentation at a service delivery site
Urgent visits	Within 24 hours
Non-urgent "sick" visits	Within 48 to 72 hours
Routine non-urgent, preventive visits	Within 4 weeks
Non-urgent specialist visit (referral)	Within 2 to 4 weeks
Non-urgent mental health or substance abuse visits	Within 2 weeks
24-hour coverage	24 hours a day, 7 days a week with a published after hours telephone number

Preventing readmissions

Reducing preventable readmissions is a priority to all stakeholders in today's healthcare environment. Absolute Total Care is dedicated to making a positive impact not only by preventing unnecessary readmissions but also by decreasing unnecessary outpatient, pharmacy, and other medical costs associated with incomplete transition of care activities.

How is Absolute Total Care reducing preventable readmissions? We are pleased to announce the addition of a dedicated Transition of Care Team staffed with experienced care coordinators with proven discharge planning skills. This team follows members from admission through each level of care until the member is in their permanent place of residence. Our Transition of Care Team provides the following coordination and discharge planning activities:

- Notifies primary care providers (PCPs) of their patients' admissions, discharges and transfers from one level of care to another
- Sends PCPs' patient care plans and medication list to inpatient facilities
- Provides discharge summaries to patients' PCP or treating physician
- Performs a telephonic and/or face-to-face post-discharge assessment to evaluate for unmet needs by the patient's primary care coordinator
- Conducts a medication reconciliation of pre-admission medication list and post-discharge medication list
- Facilitates transfers by coordinating with skilled nursing facilities, inpatient rehabilitation, long term acute care, and home health (for example, identifying in-network vs. out-of-network providers)
- Coordinates any necessary post-discharge service and equipment
- Facilitates communication between members of the patient's care team
- Ensures your patients understand their discharge instructions
- Ensures your patients schedule their post-hospitalization follow-up appointments and assist when necessary

Success at reducing preventable readmissions takes a collaborative effort. Absolute Total Care's Transition of Care Team looks forward to working with providers to ensure patients have a safe discharge and have the tools they need to prevent another inpatient admission!

DID YOU KNOW: CPT codes

Did you know that there are codes that a physician and a qualifying nonphysician practitioner can use to report Care Management services provided in the 30 days after a patient's discharge?

CPT Code 99495:

Transitional Care Management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)

CPT Code 99496:

Transitional Care Management services with high medical decision complexity (face-to-face visit within seven days of discharge)

Please visit our website for additional information regarding the services required to be provided under these CPT codes and the types of services that can be furnished by a physician, nonphysician practitioner, or licensed clinical staff under the direction of a physician or a nonphysician practitioner.





Care coordinators connect the dots

Care coordinators are advocates, 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 care coordinator 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

Care coordinators do not provide hands-on care, diagnose conditions, or prescribe medication. The care coordinator 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 Care Management group. Providers may call 1-866-433-6041 for additional information about the care management services offered by Absolute Total Care.

