



2021 Provider Newsletter

Moving Forward Together Managed Care Solutions, Care, and Resources

When we first introduced this newsletter reminding everyone of Ambetter of Tennessee's approach to care — the right care in the right place at the right time — we had no idea that it would take on such immense meaning. The pandemic has pushed healthcare into new and unfamiliar territory. As a member of our provider network, you continue to be on the front lines, navigating a healthcare crisis unlike anything we have seen in our lifetime. Our commitment to providing the right care in the right place at the right time took on even greater meaning in the last 18 months, as this philosophy guided our approach on how to best serve our members.

As the pandemic wanes in some regions, low vaccination rates have caused other parts of the country to brace as caseloads climb again. Our work is not done. In this issue of Connected in Care, we take a look at the sweeping changes brought on by the pandemic, specifically in the area of telehealth. We will look at the steps Ambetter of Tennessee has taken to address and bridge the care gap for members. Additionally, we will discuss Ambetter of Tennessee's response to COVID-19, the importance of vaccines, and the work Ambetter of Tennessee has done to overcome hesitancy among skeptical members.

Thank you for your dedication in the most trying of times. We hope these resources help enhance the amazing work you are already doing for our members.

Together, we are all connected in care.



The Quick Rise of Telehealth and Its Future in Patient Care



While the COVID-19 pandemic put unprecedented strain on our healthcare system, it also brought swift and sweeping changes to the area of telemedicine, opening a new and sometimes-confusing care pathway for millions across the country.

The Centers for Disease Control saw early telehealth numbers increase by more than 150% by the end of March 2020, making it clear that telehealth was an important and viable alternative for providing care.

On March 7, 2020, the Centers for Medicare and Medicare Services instituted many emergency policy changes and regulatory waivers that aided in the quick adoption of more robust telehealth options by physicians. The changes included improved provider payments for telehealth, allowances for out-of-state patients, authorizations for a larger variety of providers to offer telehealth services, and reduced cost-sharing for patients. The most impactful exception allowed for virtual visits to be conducted from the patient's home.

Patient adoption of telehealth practices has been overwhelmingly positive. Rick Veira, Director of Corporate Virtual Care Products for Centene said that, by and large, members of all demographics enjoy and have utilized telehealth at a very high rate throughout the pandemic. Centene, being Ambetter of Tennessee's parent company, has found telehealth convenient and easy to use, noting that it has also been less technologically challenging than anticipated.

The Quick Rise of Telehealth and Its Future in Patient Care

Many practices have been quick to adapt, finding ways to integrate telehealth appointments into the services they offer patients. In many states, the new government regulations considered telehealth visits the same as in-person visits and billable at the same rate, which was a huge incentive to physicians. But for how long? As the pandemic slowly winds down and in-person visit volumes start to pick back up, physicians are left wondering: Where does that leave telehealth?

With strong adoption on the patient side, physicians should take the time to figure out how to use telehealth in a way that will benefit their patients and practice the most. “Physicians should think of this as a revitalization of their practice, a reimagination of healthcare,” said Veira. “They have to think of [telehealth] as a new business model.”

Telehealth assumed many forms throughout the pandemic, including virtual check-ins, full telehealth

visits, and follow-ups. To decide how telehealth can best serve your patients, a practice should take a step back and conduct a top-down analysis of the services they offer and how they are being used. “What is telehealth?” is constantly evolving. No two practices can or should approach its integration the same way. Veira said that one general theme he’s seeing in telehealth is the ability to free up utilization of resources by handling cases virtually.

An example of this would be a video-first approach where patients consult with the practice over video first. This approach allows the patient to be triaged to the right place before they even come into the clinic, saving both practice and patient time and money.

“[Video-first] frees up capacity in your clinic to see people who actually need to be seen,” said Veira. “It allows you to practice at the top of your abilities, but it also provides opportunities for nurse practitioners or others to take on more of that capacity.”

Telehealth is here to stay, but in what capacity is hard to pinpoint. It is unclear at this time whether government reimbursement will continue at the current rate. Questions regarding HIPPA implications weigh heavy as well due to growing competition from outside, telehealth-only providers who have the advantage of offering 24/7 availability.

Your practice should not be afraid of investing in or trying a variety of telehealth models to find the one that works for your patients. As with all technology, virtual medicine has a learning curve. Allowing time for both patients and physicians to adapt and become more familiar with the technology is one key to long-term success.

At Ambetter of Tennessee, we believe telehealth will play an important role in the future of healthcare. Using our suite of telehealth and virtual solutions, we have the tools to help your practice formulate a plan that meets your needs and the needs of your patients while also adhering to state guidelines.

For more information how Ambetter of Tennessee can help you design a telehealth plan, call 1-833-709-4735 (Relay 711).



Rick Veira

Centene Director of Corporate
Virtual Care Products



Improving Access to Healthcare During and After the Pandemic

COVID-19 put a spotlight on the inequities many communities suffer when it comes to accessing basic healthcare services. Many individuals are still trying to recover from the months of lockdown, unemployment, and general hardship. Disproportionately affected by unstable housing, limited access to food, few virtual education options, the inability to work from home, and unreliable transportation, basic healthcare took a backseat to more pressing needs, leaving already-vulnerable members even more vulnerable than before. Ambetter of Tennessee has responded to the needs of its members in these communities as quickly and efficiently as possible with programs that help members find viable ways to stay connected to their healthcare teams and on top of their healthcare needs.

Historically, Ambetter of Tennessee believes a combination of active community involvement and a “whole health” approach to a member’s health are the key to keeping members as healthy as possible. Before, during, and since the decline of the pandemic, the result of this approach is programs that help remove healthcare barriers and increase access for



members. These programs focus on everything from member outreach to vaccination hesitancy to managed care — each program designed to help the most vulnerable segments of our population get better access to care.

Gaps in care have always been a problem, but the pandemic both exacerbated existing inequities and created new ones. These gaps were largely seen in the form of delays or lapses in testing, vaccinations, and preventative appointments and procedures. In response, Ambetter of Tennessee used its member outreach program to contact members with significant care gaps and helped reconnect them with their care teams. Outreach

managers even help members make appointments with their providers.

Where possible, Ambetter of Tennessee uses its extensive databases to connect with members by using their preferred method of communication and meeting them where they are most comfortable to have the greatest influence in health behavior change. “There is a broad initiative happening across the organization now to gather all of that information and feedback across our health plans and really build a system where we can track member preferences and use that information effectively across multiple health education campaigns,” said Amanda Parsons-Green, Staff Vice President of

Improving Access to Healthcare During and After the Pandemic



Population Health & Clinical Operations. “This initiative is broader than just COVID-19. But I think, in light of COVID-19, it has been very beneficial.”

In many cases, this personal outreach helps break down and break through some of the general mistrust members have about the healthcare system. In some communities, historical biases based on previous experience or the experiences of others come into play when it comes to healthcare choices. “We found that phone calls go a long way to breaking down those misconceptions or at least alleviating some of those concerns,” said Dr. Vincent Nelson, Senior Vice President of Medical Affairs. “Especially when it comes to getting vaccinated. That was the key — personal outreach.”

Vaccinations have always been a high priority for Ambetter of Tennessee. In previous years, the focus was the flu vaccine. But when faced with COVID-19 vaccine hesitancy in certain communities, Ambetter of Tennessee took what they learned from their successful flu initiative and applied it to their COVID-19 vaccine messaging. “A couple years ago with our flu campaign, we were able to infuse behavioral economics language and culturally competent information into how we message our members, whether that was through emails, texts, automated phone calls, or conversations with our care managers,” said Arianna Muckerman, Director of Health Policy. “The fact that we can look at our members through those different lenses, including race and ethnicity or geographic location, and have that culturally competent outreach is really

part of the success.”

Telehealth is another tool that was highly utilized by many communities during the pandemic and largely underutilized in rural and other vulnerable communities where internet access was limited. As government guidelines shifted and loosened for telemedicine at the start of the pandemic, Ambetter of Tennessee engaged in cost-sharing to help practices get up to speed as quickly as possible. Today, they continue to partner with federal qualified health centers to understand and enhance the telehealth network infrastructure as well as help members understand how to access assistance to pay for services such as broadband.

As telehealth capabilities continue to grow across the board, Ambetter of Tennessee knows that the barriers

Improving Access to Healthcare During and After the Pandemic

are bigger than just technology. “Comfortability factors need to be adopted on both the provider and the member side,” said Dr. Nelson. “That’s going to be key to closing those care gaps. Then we need to help providers understand their data. Who has been missing their visits? Is the provider equipped with the necessary infrastructure to digitally engage with members in a meaningful way? All these things need to be addressed.”

Case management is another area that suffered during the pandemic with loss of contact and low compliance among some members. Ambetter of Tennessee has worked with their care management teams to create clinical programs around chronic kidney disease, diabetes, and other chronic conditions to help increase healthcare access and improve outcomes for members. These teams are able to use member data to help members reconnect or better navigate the system. “We are actually launching an app in several markets that allows tech-savvy members to decide how they want to be contacted by their case managers,” said Parsons-Green. “Whether they prefer email or text or if they want us to call them, we are thinking about how best to reach our members and meet

them where they’re comfortable.” The hope is that, by letting members tell us how they want to connect, they will be more open to staying connected, staying on course, and staying healthy.

In May 2020, Centene announced the formation of the Centene Health Equity and Wellness Council, a group committed to ensuring underserved populations have access to quality healthcare. “We have seen firsthand how the COVID-19 pandemic has exacerbated disparities in healthcare access and outcomes among vulnerable populations, and we are committed to finding ways to narrow this gap,” said Michael F. Neidorff, Chairman, President, and CEO of Centene. “We are proud to convene top leaders from across the country to assist and advise us on this effort.”

Ambetter of Tennessee understands the importance of continuing to do what they can to help improve members’ access to healthcare through community outreach and programs geared to help those most in need.

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Michael F. Neidorff

Centene Chairman,
President, and CEO



Improving Provider Performance

Best practices to improve provider performance and enhance the patient experience

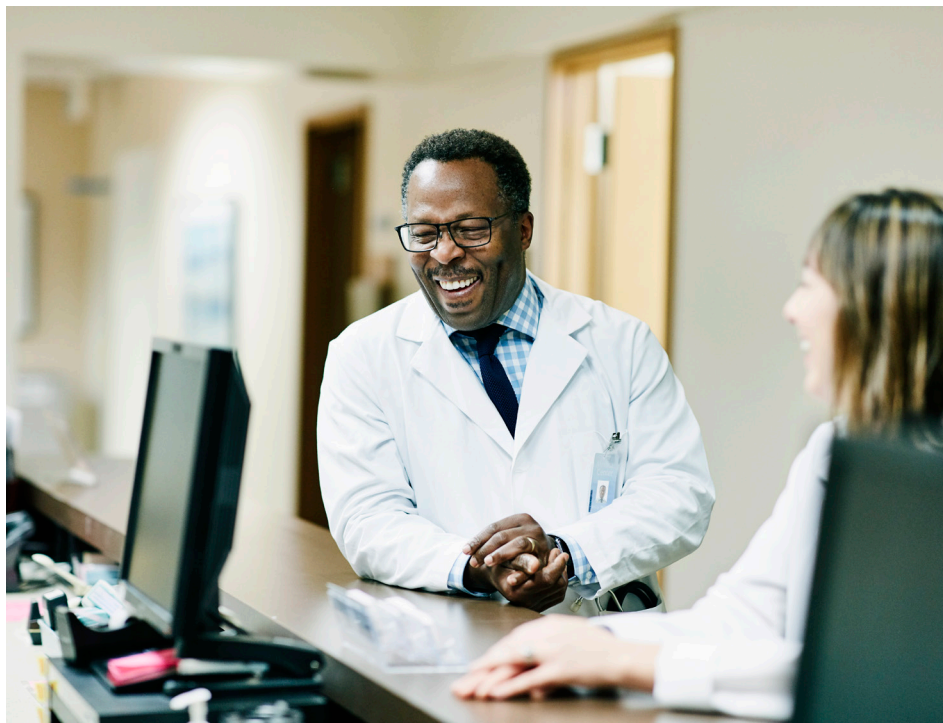
Quality metrics provide a universal assessment of a patient's healthcare experience and a high-level overview of how a practice is performing. These measurements can be the key to unlocking what is and isn't working in a practice as well as identifying disparities in how care is delivered and what outcomes are achieved.

More and more health plans, including Ambetter of Tennessee are aligning on which quality metrics are the most important. Jacqueline Collins, Senior Director of Strategic Initiatives for Centene, said that focusing on a few key



Jacqueline Collins

Centene Senior Director of Strategic Initiatives



metrics across the board has leveled the playing field among providers while ensuring members are getting the best possible care. According to the Consumer Assessment of Healthcare Providers and Systems survey (CAHPS), an annual survey created to get a better understanding of the patient experience with healthcare, over 63% of the patient experience is dependent on the provider. That's a significant number, and it puts increased pressure on a provider

to deliver on the expectations of their patients.

Ambetter of Tennessee uses a variety of tools, including CAHPS, Care Gap Reports, and Scorecards to help providers gain a better understanding of how their practice is performing and where the opportunities to improve patient care exist. Notably, these metrics have increased overall awareness and understanding of

63%

Of the patient experience is dependent on the provider



Improving Provider Performance

the delicate interplay between a member's health, their healthcare experience, and the operational measures a practice has in place. Each area directly impacts the effectiveness of the other two areas. It's a complicated relationship but one that is filled with many opportunities for improvement.

The first area to consider is communication: communication between physicians and their patients; communication between a health plan and its members; coordinated communication across a patient's healthcare journey. It is only through constant and meaningful communication that you can start connecting with patients, identifying care gaps, and improving the overall health of patients. "The members [patients] who see their PCP at least once a year tend to be healthier overall. PCPs can help bring the member's healthcare up to date. The healthier the members are, the more they are inclined to rate the health plan higher," Collins said.

Communication can manifest in a variety of ways. It can mean utilizing staff to contact members to schedule well visits and other services. It can mean sending out email alerts or text message reminders that encourage members to come in for care. It can also mean

having greater transparency on appointment availability. "When it comes to the member experience, getting in in a timely fashion and the provider being upfront about their availability and scheduling makes a difference," said Laura Ulrich, Manager, CAHPS for Centene.

COVID-19 tested many of the communication systems and protocols physicians use to connect with patients. On one hand, relaxed regulations regarding telehealth opened new pathways of care and made it easier for some patients to receive routine care. In some cases, patients were able to get care faster and more conveniently than ever before. But local shelter-in-place orders also halted many procedures, creating gaps in care for some of the neediest patients. As data continues to be collected, it is still unknown exactly the impact those gaps in care have had on the overall health of the population.

Prevention is also another key to improving patient satisfaction. Well visits go a long way to identifying and closing care gaps. This yearly touchpoint also strengthens the bond between a patient and a physician. "Whenever a provider sees a member, they help improve their health," said Allison Stewart, Senior Manager of Medicaid Strategy for Centene. "That's a really big

thing for Centene. Making sure each member is getting the care they need."

Another opportunity for providers is to step back and take a closer look at the different populations their practice serves. Are there adjustments that can be made to serve those populations better? "Providers could be a little bit more aware of those populations that may be driven toward their practice than in the past," said Stewart. "Maybe [providers] consider adjusting their office hours to be more convenient to working parents or open an office that is closer to, say, a bus stop. When at all possible, we need to change the way we do things to meet the patient where they are."

Ambetter of Tennessee also understands the importance of connecting members with providers. The Preventive Service Outreach (PSO) campaign was created by Centene to help identify members who have missed appointments or have open care gaps. "[Our team] calls the member that's due for, let's say, a mammogram. We help make appointments for them, connecting them with their provider," Stewart said. PSO is currently available in a few states with plans to expand into more markets later this year.

Improving Provider Performance

Summary of Best Practices



Above all else, it's important not to underestimate the importance of making personal connections with patients. Some patients are unsure who their personal physician even is. Some patients lose contact completely and don't know how to get back in to see their physician. When physicians can make that connection to ensure that patients know them, know when they are available, and that their care will be coordinated, patient satisfaction with their overall healthcare experience goes up and quality metric scores also go up. "We've found that the members are more inclined to listen to their provider than the health plan," Collins said. "So, when we can engage with providers and encourage them to reach out to the member, it's a win for the member, it's a win for the PCP, and a win for us. We are here to help our members stay healthy."



1. Communication

Communication between physicians and their patients; communication between a health plan and their members; coordinated communication across a patient's healthcare journey.

How to improve:

- ✓ Utilizing staff to contact members
- ✓ Sending out email or text alerts that encourage members to come in for care
- ✓ Greater transparency on appointment availability



2. Prevention

Well visits go a long way to identifying and closing care gaps. This yearly touchpoint also strengthens the bond between a patient and a physician.

Examples:

- ✓ Whenever a provider sees a member, they help improve their health



3. Populations Served

Another opportunity for providers is to step back and take a closer look at the different populations their practice serves. Are there adjustments that can be made to serve those populations better?

Considerations:

- ✓ Adjust office hours to be more convenient to working parents
- ✓ Open offices that are closer to public transportation



4. Patient Connections

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Ambetter of Tennessee Continued Response to COVID-19 and Support for Providers

In the face of the pandemic, Ambetter of Tennessee, like many other organizations across the country, pivoted quickly, recalibrating and focusing on the programs and services that provided members and physicians optimal support. Over the months that followed, they continued to evolve and flex as the landscape of the pandemic shifted.

Information dissemination was, and continues to be, a priority. Information continues to change in real time. As a trusted source of information for members, it is

imperative that our call centers are giving members the most up-to-date and accurate information possible. Talking points and messaging are constantly being updated and fact-checked, leveraging the Centers for Disease Control and Prevention (CDC). “It’s our job to make sure the internal talking points and external-facing messaging that we share with our provider call centers, our member call centers, our internal employees, and our front-line staff who are speaking to our members on a regular basis, are up-to-date with

the most current guidelines,” said Amanda Parsons-Green, Staff Vice President of Population Health & Clinical Operations. “We try to stay aligned with the CDC. We communicate the same message at all levels.”

Message tailoring has also proven to be helpful when speaking to smaller segments of a population. “The fact that we can look at our members through different lenses, including race and ethnicity or geographic location, and have culturally competent outreach is really part of our success,” said Arianna



Ambetter of Tennessee Continued Response to COVID-19 and Support for Providers

Muckerman, Director of Health Policy. “We’ve been able to arm our care managers, call centers, and providers in the field with various messages and information that we’re very regularly updating.” Ambetter of Tennessee is able to use its extensive network of data to identify certain groups of members and use targeted messaging as well as communication methods (i.e. texts, calls, emails, etc.) to reach members in a way that makes them feel the most comfortable.

In the initial months of the pandemic, when in-patient visits were halted and restrictions dictating telehealth relaxed, Ambetter of Tennessee helped providers ramp up their telemedicine capabilities by making sure provider reimbursement was up to date with the new government guidelines and providers had the resources to establish telemedicine infrastructure. Telehealth has proven to be a pandemic necessity that Ambetter of Tennessee foresees continuing to play an important role; Centene offered significant investment in telehealth pre-pandemic as well. Dr. Vincent Nelson, Senior Vice President of Medical Affairs, shared that medical practices have started to explore using telehealth to triage patients before they even get to the practice, for follow-up visits, and to close care gaps for members who have limited

access to transportation or who live in rural areas. “I think you’re going to see a change in what people view as a ‘patient visit’ going forward. We are likely to see more first engagements through a digital or telemedicine visit,” Dr. Nelson said.

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Dr. Vincent Nelson

*Centene Senior Vice
President of Medical Affairs*

Ambetter of Tennessee has also helped members get appointments for vaccines as well as appointments with providers to close lapses in care through personal phone calls, helping reconnect providers and patients for important care.

But with all Ambetter of Tennessee has done, providers continue to play an important role for their patients as one of their most trusted sources of information. And Ambetter of Tennessee is committed to helping providers be the best source of information possible. “A health plan is not just a place to take an issue with reimbursement or payment. Providers don’t realize how many resources we have to assist them. We can help them close gaps in care, make sure they understand their patient population, improve childhood vaccination numbers, or increase well-women visits,” said Dr. Nelson.

Ambetter of Tennessee is also taking the time to listen to members and providers with a company-wide initiative to gather feedback and information from members into one system that helps with COVID-19 information and more.

Ambetter of Tennessee is committed to their members, but also committed to the providers who serve members’ healthcare needs. Ambetter of Tennessee works to support their provider networks and believes their relationship with providers should be bidirectional and mutually beneficial. “It’s an area that’s underutilized simply because providers don’t know resources are available to them or that they can really partner with us,” said Parsons. Ambetter of Tennessee hopes to partner more with providers now and in the future.

How To Increase Vaccination Efforts and Overcome Vaccination Hesitancy

[Approximately 139.7 million people in the United States are fully vaccinated and a total of 171.3 million have had at least one dose according to the Centers for Disease Control (CDC). That represents 42.1 and 51.6 percent of the total population in the United States. But vaccination numbers have slowed to about 1.13 million doses a day, down from the peak of 3.38 million reported on April 13.] With new variants worldwide and outbreaks happening in communities with low vaccination rates, Ambetter of Tennessee believes immunization is of the utmost importance right now to avoid another spike, increased hospitalizations, and unnecessary deaths. We must continue to champion vaccinations whenever possible to our patients by addressing and overcoming some of the barriers patients have regarding the vaccine.

Health inequities and social determinants of health play a factor in a patient's ability or desire to get vaccinated. Some patients are physically unable to find transportation to and from vaccination sites. Others have not received information about where to go, lack the resources to sign



up, or are unable to take time off work to recover. Ethnic and racial barriers are also present, including a general mistrust of the healthcare system and confusion about the science behind the creation of the vaccine.

Ambetter of Tennessee has found that personal connections and sharing trusted sources of truth help to break down some of the more psychological barriers. "Personal outreach and phone calls are the number one way

that we can reach people," said Dr. Vincent Nelson, Senior Vice President of Medical Affairs. "It's going to be the experiences of their neighbors, their loved ones, and those trusted sources of truth like a healthcare provider, to get them to consider a vaccination."

Clear, concise, and reliable messaging about vaccines is also key. Misinformation can skew a patient's perception of the importance and safety of vaccinations. In order to enhance

How To Increase Vaccination Efforts and Overcome Vaccination Hesitancy

their communications about COVID-19, Ambetter of Tennessee utilized a study on hesitancy and vaccines from Duke University and Washington University. “We have the ability to be agile and focus on not just doing outreach, but tailoring those messages, ensuring that members have a trusted messenger delivering them,” said Arianna Muckerman, Director of Health Policy for Centene, about how Centene has approached messaging to communities since the beginning of the pandemic.

“We are really trying to create paths of communication that are most appropriate for that member,” said Amanda Parsons-Green, Staff Vice President of Population Health & Clinical Operations. “Whether they prefer email or text, or if they want us to call them, we are thinking about how best to reach our members and meet them where they’re comfortable.” As a provider, reaching out directly to patients, being that trusted source of truth for them, and tailoring messaging to specific communities can help potentially overcome hesitancy among patients.

As a physician, sharing your personal vaccination story can also can positively impact the opinions of patients, family members, or friends. Through a series of fireside chats at



Ambetter of Tennessee, participants heard firsthand vaccination stories from their leaders and got COVID-19 data from Ambetter of Tennessee experts in an environment where they could ask personal questions about the vaccine. “There are a lot of myths and misinformation out there,” said Dr. Nelson. “People just don’t know who to trust anymore. So the purpose of the fireside chats was to refer them to sources of truth.” As a physician who has the trust of your patients, sharing your personal vaccination story and beliefs about the vaccine’s effectiveness can go a long way to reassuring and overcoming some of your patient’s hesitancy.

Physicians should also consider the positive impact they can have on their patients by becoming

COVID-19 vaccinators. They are reassuring figures in their patients’ lives, a source of truth, and already a part of their care team. The communication network, appointment protocols, and location are already established with your patient population, removing many of the barriers patients have cited that keep them from being vaccinated.

But communities will continue to see hot spots and regional spikes in areas where vaccine adoption continues to struggle. Physicians are in a unique position to help reach hesitant community members with strong support, clear messaging, and more readily available access to vaccines.