

provider report

ABSOLUTE TOTAL CARE



Healthy Connections

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ICD-10 Update

Absolute Total Care is preparing for the implementation of ICD-10 on October 1, 2015. We are currently in the advanced stages of internal remediation and are continuing to work with all stakeholders on readiness activities.

Absolute Total Care has been monitoring progress and is in conversations with providers, clearinghouses, vendors and state agencies about their plans for a successful implementation. We will be ready to receive ICD-10 codes on claims with end dates on or after October 1, 2015, and on authorizations beginning on July 1, 2015, for services beginning on or after October 1, 2015.

ICD-10 updates will be made available to providers on our website and through provider relations staff. The website content will be published on a quarterly basis and will address Absolute Total Care's readiness activities and FAQs.

To prepare for a successful implementation, Absolute Total Care will be conducting end-to-end testing with providers on a limited basis in early 2015. Testing will occur throughout Q1 2015 and will be the only window available to providers for end-to-end testing. For more details on end-to-end claims testing, please reach out to your Absolute Total Care Network Relations representative or ICD-10 team. If providers are not able to participate in end-to-end testing, claim "format" testing will still be made available throughout 2015.



Disease Management Can Help Your Patients

As part of our medical management and quality improvement efforts, we offer members disease management programs.

Disease management programs aim to:

- ▶ Promote coordination among the medical, social and educational communities.
- ▶ Ensure that referrals are made to the proper providers.
- ▶ Encourage family participation.
- ▶ Provide education regarding a member's condition to encourage adherence and understanding.

- ▶ Support the member's and caregiver's ability to self-manage chronic conditions.
- ▶ Identify modes of delivering coordinated care services, including home visits.

These programs are intended for patients with conditions such as asthma, diabetes and high-risk pregnancies. Learn more about our disease management services by visiting www.absolutetotalcare.com or by calling **1-866-433-6041**.

Member Rights and Responsibilities

How to Refer to Case Management

Medical case management is a collaborative process that coordinates and evaluates options and services to meet an individual's health needs. It relies on communication and resources to promote quality and cost-effective outcomes.

Absolute Total Care's case management is intended for high-risk, complex or catastrophic conditions—including transplant candidates and members with special healthcare needs and chronic conditions such as asthma, diabetes, sickle cell disease, HIV/AIDS and congestive heart failure.

Case managers can help our members understand why it's important to follow the treatment plan outlined by their physician. They are a resource for the healthcare team, the member and the member's family.

» Our case management team is here to support your team with non-adherence, new diagnosis and complex multiple comorbidities. Providers can directly refer members to our case management program at any time. Call **1-866-433-6041** to get information about the case management services offered or to initiate a referral. Learn more about our case management services at www.absolutetotalcare.com.

Absolute Total Care's member rights and responsibilities policy addresses its members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider manual to review them.

Find the complete provider manual online at www.absolutetotalcare.com or get a printed copy by calling **1-866-433-6041**.

Member rights include:

- ▶ To be treated with respect and with due consideration for his/her dignity and privacy.
- ▶ To participate in decisions regarding his/her health care, including the right to refuse treatment.
- ▶ To receive complete information about his/her specific condition and treatment options, regardless of cost or benefit coverage.

Member responsibilities include:

- ▶ To provide, to the extent possible, information needed by providers for care.
- ▶ To make his/her primary care provider the first point of contact when needing medical care.
- ▶ To follow appointment scheduling processes.
- ▶ To follow instructions and guidelines given by providers.

Inpatient Claims Review Services (iCRS)

In an ongoing effort to ensure high quality claims processing and payment, Absolute Total Care is taking additional steps to verify the accuracy of payments made to our contracted facilities.

Beginning March 2015, Absolute Total Care will start auditing selected claims and associated medical records to ensure payments were applied in accordance with National Correct Coding Initiative (NCCCI) standards and DRG payment rules.

Any claims selected for this audit will have the following criteria:

- ▶ Paid according to DRG payment methodology
- ▶ Inpatient services paid after 6/1/2014

Absolute Total Care has contracted with iHealth Technologies (iHT) Claims Review Services to assist us in the effort.

If you have claims selected for audit, you will receive a letter from iHT requesting medical records for these claim audits on behalf of Absolute Total Care. Once the audit has concluded, you will be advised of the outcome.

MEASURING PERFORMANCE WITH HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

HEDIS is used by most health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with information to compare healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

Through HEDIS, NCQA holds Absolute Total Care accountable for the timeliness and quality of health care services (including acute, preventive, mental health and others) delivered to its diverse membership. Absolute Total Care also reviews HEDIS data for ways to improve rates. It's an important part of our commitment to providing access to high quality and appropriate care to our members.

You can help us improve our quality ratings. Familiarize yourself with the HEDIS topics

covered in this issue of the provider newsletter. Also, review our clinical practice guidelines at www.absolutetotalcare.com/for-providers/quality-program/practice-guidelines.

We want to work with you. If you have any questions about coverage, claims, credentialing or contracting, call us at **1-866-433-6041** or visit www.absolutetotalcare.com. If you or one of our members would like a paper copy of anything found on our site, please call **1-866-433-6041**.

Diabetes: The Good News and Bad News

Here's the good news: Diabetes rates may be reaching a plateau, according to researchers from the U.S. Centers for Disease Control and Prevention. A study in the *Journal of the American Medical Association* notes that while both Type 1 and Type 2 diabetes rose from 1990 to 2008, those rates leveled off between 2008 and 2012.

But here's the bad news: Among Hispanics and African Americans, incidence of diabetes continues to increase. Continued focus on diabetes screening and prevention as well as ongoing patient education therefore remain

critical—particularly among these higher-risk populations.

Noting the documented link between obesity and diabetes, researchers also pointed out that obesity rates have leveled off as well. But even with the plateau, the rates remain a cause for concern, especially given the serious risks associated with diabetes, such as amputation, blindness, end-stage renal disease and more.

So, while we may be headed in the right direction, it's important to continue to talk to patients about lifestyle factors that affect

their diabetes risk, such as diet and exercise.

In addition, be sure to follow the HEDIS measure for comprehensive diabetes care, which includes adult patients with type 1 and type 2 diabetes:

- ▶ **HbA1c testing**—completed at least annually
 - HbA1c result > 9.0 = poor control
 - HbA1c result < 8.0 = good control
- ▶ **Dilated retinal eye exam**—annually, unless prior negative exam then every 2 years
- ▶ **Nephropathy screening test**—at least annually (unless documented evidence of nephropathy)

HOW ARE WE DOING?		
HEDIS MEASURE	HEDIS RATE	GOAL: NCQA - QUALITY COMPASS 50TH PERCENTILE
HbA1c Testing	82.93%	83.88%
HbA1c result > 9.0	52.55%	44.69%*
HbA1c result < 8.0	39.02%	46.43%

*Lower rate is better.

WE ASKED, THEY ANSWERED

Absolute Total Care recently asked members what they thought of our care and services. How patients rate their healthcare is an important measure of quality. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys ask consumers and patients to report on and evaluate their experiences with healthcare.

Survey results are submitted to the National Committee for Quality Assurance (NCQA) to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers as well as the service they receive from the health plan. Absolute Total Care will be using the results to help plan on how to improve these statistics.

We also want to share the results with you, since you and your staff are a key component of member satisfaction. Here are some key findings from the child and adult surveys as well as our benchmarks.

Areas where we scored well on the child survey include:

- ▶ 84.4% - Rating of the Specialist (Quality Compass 50th Percentile - 85.44%)
- ▶ 87.6% - Customer Service (Quality Compass 50th Percentile - 88.13%)

Areas where we scored well on the adult survey include:

- ▶ 84.3% - Rating of the Specialist (Quality Compass 50th Percentile - 80.61%)
- ▶ 81.4% - Rating of Personal Doctor (Quality Compass 50th Percentile - 78.82%)

Based on the feedback we received, we have identified the following areas for improvement:

- ▶ Getting Care Quick - (Adult Survey)
- ▶ Rating of Personal Doctor - (Child Survey)

We take member concerns seriously and will work with you to enhance member satisfaction.

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 a 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 case 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. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow for us to make timely medical necessity decisions based on complete information.

We Are Here to Help

Contact us at Absolute Total Care to speak with our provider services team. Explore our site for tools and tips about utilization management, quality improvement, prior authorization and ICD-10.

To learn more about our provider services

and processes, please check our provider manual, available at www.absolutetotalcare.com/for-providers/resources/forms/.

If you or one of our members would like a paper copy of anything found on our site, please call **1-866-433-6041**.

The Unexpected Reach of Depression

Depression is a serious medical condition—one that can accompany other chronic diseases or present independently.

Many people with depression do not get the care they need. In fact, it's estimated that only about two-thirds of those with depression seek treatment. Additionally, it can take years to get a diagnosis and begin treatment after the onset of depression. That's why it's important for primary care physicians to be on the lookout for signs and symptoms of depression and to educate patients when possible.

Some research indicates that nearly 10 percent of primary care patients have major depressive disorder. However, patients may be reluctant to use the word “depressed” and may deny having depression when asked.

Plus, symptoms of an illness being treated may overlap with the symptoms of depression, making it harder to identify mental illness.

Look out for the following signs of depression:

- ▶ Unexplained weight loss and fatigue
- ▶ Anxiety
- ▶ Reduced concentration
- ▶ Lack of interest in activities
- ▶ Headaches
- ▶ Gastrointestinal problems
- ▶ Heart palpitations

Practitioners may also notice subtle signs of changing mental health—for instance, a patient who stops caring for his physical appearance or a patient who complains of sleep troubles. If you do identify depression in a patient, let them know that help is available. Therapy can be helpful for some people, while others find relief with medications or other treatments.

Whether you treat depression in your office or choose to refer patients, set patients up for success with realistic expectations: Let them know that relief is likely, but that it won't be instant, and be sure to prepare them for the potential side effects of treatment.

» **FOLLOW-UP IS KEY:** Absolute Total Care can help your patients schedule appropriate after-care to improve the follow-up rates for members who have been hospitalized for a behavioral health condition.

A patient who has been hospitalized for a mental illness should be seen within 7 and 30 days of discharge.

Please contact Absolute Total Care if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We will work with your staff to make these arrangements.

Encouraging Regular Prenatal Care



You know the statistics: Women who do not receive prenatal care are three times more likely to have low birth-weight babies and five times more likely to lose the baby. Still, in a recent study, about 20 percent of women who gave birth didn't receive care until the second trimester, and 6 percent didn't receive prenatal care until the third trimester or at all.

Here are a few ways you can help make a difference for your patients.

▶ **Talk to women before they become pregnant.** For some women, there is a health literacy gap. And if she's only seeing you once a year, you can miss an opportunity to provide education about prenatal care if you wait until she becomes pregnant. Let women know that after a positive home pregnancy test, they should schedule a prenatal exam with an ob/gyn to confirm the pregnancy and begin prenatal care. This is also a good time to talk about prenatal vitamins and folic acid with women who hope to conceive.

▶ **Make it easy.** Make scheduling prenatal visits simple for pregnant patients. For example, encourage them to make their next appointment before they leave your office. Provide them with information at each visit, so they know what to expect.

For example, give women easy-to-understand instructions for blood work or tests and for registering for parenting, prenatal and breastfeeding classes.

▶ **Hand out a prenatal care schedule.** Share a prenatal care schedule (see sample below) with newly pregnant women so they understand that prenatal care starts immediately and continues throughout their pregnancy.

When you confirm a member's pregnancy, it's important to submit the necessary notification of pregnancy (NOP) form to Absolute Total Care. Doing so helps us best use our resources to help you and your patients achieve a healthy pregnancy. Visit www.absolutetotalcare.com for the NOP form.

SAMPLE PRENATAL SCHEDULE:*

- ▶ Weeks 4 through 28 – Once a month
- ▶ Weeks 28 through 36 – Every two weeks
- ▶ Week 36 through birth – Once a week

**Note: Women who are older than 35 or have what is considered a high-risk pregnancy may need to see their doctor more often. This is a sample schedule and not a recommendation for care or proof of coverage.*

Caring for ADOLESCENTS

For parents, watching their children grow can cause mixed emotions. Growing into adulthood is a time of great transition—including changes in health care needs. Absolute Total Care supports members of all ages in getting the care they need.

Parents and providers should discuss whether growing children are seeing the right doctor. Children who are seeing pediatricians may need to switch to an adult doctor. Talk with parents about this transition. You can help ensure that there are no breaks in a child's care.

Absolute Total Care is required to provide information about how it can help members who are reaching adulthood choose an adult primary care provider.

It's important for children to see their doctor at least once a year. Members who need help finding the right doctor or making appointments can call our Member Services staff at **1-866-433-6041**.

ARE YOU AVAILABLE?

We define “availability” as the extent to which Absolute Total Care contracts with the appropriate type and number of PCPs necessary to meet the needs of its members within defined geographic areas. The availability of our network practitioners is essential to member care and treatment outcomes.

Absolute Total Care evaluates its performance in meeting these standards and appreciates providers working with us. Summary information is reported to the Quality Improvement Committee for review and recommendation and is incorporated into our annual assessment of quality improvement activities. The Quality

Improvement Committee reviews the information for opportunities for improvement and provides recommendations.

Per the South Carolina Department of Health and Human Services Policy and Procedure Guide for Managed Care Organizations, the following applies:

- ▶ Primary Care providers should be within a maximum of 30 miles of a Medicaid MCO member’s place of residence
- ▶ Specialty Care providers should be within a maximum of 50 miles of a Medicaid MCO member’s place of residence

Claims Pre-Scrub Enhancements

Additional enhancements to our claim processing systems have been made to more closely align with HIPAA standards and South Carolina billing requirements.

The following are examples of the edits included in this update:

- ▶ National Drug Code (NDC) number, units, unit of measure missing or invalid
- ▶ Billing provider first/last name, NPI, tax ID, taxonomy missing or invalid
- ▶ Atypical provider first/last name, Medicaid ID, taxonomy missing or invalid
- ▶ Billing provider address (street, city, state, ZIP) missing or invalid
- ▶ Rendering provider first/last name, NPI, taxonomy missing or invalid
- ▶ Operating provider first/last name missing or invalid
- ▶ Attending provider first/last name missing or invalid
- ▶ Admission source, type, status, date, and hour missing or invalid
- ▶ POA indicator (all inpatient claims) missing or invalid

Updates to Prior Authorization List

In an effort to standardize our Prior Authorization (PA) list, we’ve removed the “place of service” criteria from the guidelines. This means that services that require a PA will need a PA regardless of the place of service.

Other key updates are listed below. Please visit our website at www.absolutetotalcare.com/for-providers/pre-auth-needed/medicaid-pre-auth-needed/ and use the Pre-Auth Screening Tool for the most up-to-date information on prior authorization requirements.

- ▶ CPT 81511 (Quad screening) no longer requires prior authorization
- ▶ Medical necessity denials appeal timeframe is 90 days and will be adhered to effective with the date of this communication. Appeal information may be found on the denial correspondence letter.

The Intersection of Asthma and Heart Disease

We’ve long known that heart disease may be accompanied by diabetes or depression. Researchers continue to explore a link between asthma and heart disease. Two recent studies, presented at the American Heart Association’s annual meeting in 2014, suggest an association—though they do not prove a causal relationship.

One of the studies showed that individuals with active asthma had about a 70 percent higher risk of heart attack than those without asthma—even when controlling for risk factors like hypertension, obesity, smoking, diabetes and high cholesterol.

Another study found that those who take daily medications for their asthma have a 60 percent greater chance of heart attacks and strokes versus individuals without asthma.

The question remains whether there is a causal relationship between asthma and

heart disease or whether the association is the result of the same factors influencing both conditions.

The short-term takeaway, however, may be the need for increased awareness and education among asthma patients. Asthma patients may dismiss chest pain or discomfort as an asthma symptom and fail to get adequate treatment in time.

It’s also important for physicians to help asthma patients manage their modifiable cardiovascular risk factors, researchers note.

HEDIS measures take into account patients with asthma ages 5 to 64 who receive medication for long-term control of asthma. Two rates are measured—the percentage of patients who stay on their asthma controller medication for at least 50 percent of the treatment period and the percentage who remain on their controller medication for at least 75 percent of the treatment period.

HOW ARE WE DOING?		
HEDIS MEASURE	HEDIS RATE	GOAL:
Percentage of patients who stay on their controller meds for 50% of the treatment period.	41.89%	42.75% (2% overall goal from 2013 results)
Percentage of patients who stay on their controller meds for 75% of the treatment period.	18.55%	30.16% (Quality Compass 50th Percentile)



Four Facts About Credentialing and Re-credentialing

1. Practitioners are sent a re-credentialing reminder 180 days in advance of their last re-credentialing date. To be re-credentialed, all practitioners must meet specific criteria. In addition, a medical record review by Quality Improvement staff may be required. You can review further details about credentialing requirements in our provider manual on www.absolutetotalcare.com/for-providers/resources/forms/.
2. During the credentialing and re-credentialing 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 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.
3. If any critical 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 30 days of notification of the discrepancy in order to be included as part of the credentialing and re-credentialing process.
4. Providers also have the right to request the status of their credentialing or re-credentialing application any time by contacting the Credentialing Department at **1-866-433-6041**.

Learn more about the credentialing process in the provider section in our provider manual on www.absolutetotalcare.com/for-providers/resources/forms/.



Patient Prep for Cholesterol Monitoring

If you are monitoring cholesterol levels in your patients, it's wise to thoroughly prepare patients for the test to help ensure accurate and meaningful results.

Consider providing the following information to help patients get properly prepared:

- ▶ **Fasting instructions.** Some studies question whether fasting really makes a difference in the results of a cholesterol test. But fasting remains generally preferred. Besides, some labs may ask a non-fasting patient to reschedule his or her test. Recommend that patients schedule their test for first thing in the morning and to avoid food and liquids (other than water) for nine to 12 hours before the test.
- ▶ **Request a list of medications.** Because medications can affect a patient's cholesterol levels, be sure you have a complete list of medications (prescription and over the counter) and supplements the patient is taking. Be sure to ask about blood pressure medications, diuretics, beta blockers, steroids and birth control pills. In some cases, you may even consider asking the patient to stop taking these medications a few days before the test.
- ▶ **Notes for pregnant and nursing women.** Pregnancy can affect cholesterol levels, and breastfeeding women may experience elevated HDL ratios. You may elect to postpone a test based on whether a woman is pregnant or nursing.
- ▶ **Advice for before the test.** For the most accurate results, advise patients to avoid high-fat foods and alcohol the night before the test and to forgo strenuous exercise right before the test.

NEW TECHNOLOGY: WHAT'S COVERED?

Absolute Total Care evaluates new technology and new applications of existing technology for coverage determination on an ongoing basis. We may provide coverage for new services or procedures that are deemed medically necessary. This may include medical and behavioral health procedures,

pharmaceuticals or medical 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.

For more information, please call **1-866-433-6041**.

THE EMOTIONAL TOLL OF HEART DISEASE

You know how to talk with your patients about beta-blockers after a heart attack. The HEDIS measure, which applies to patients who were hospitalized and discharged after an AMI, calls for treatment with beta-blockers for six months after discharge. (However, patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure.)

But do you also know to ask about depression? According to a 2011 article in the journal *Circulation*, depression is three times more common in heart attack patients than in the general population. This is especially worrisome because depression can increase a person's risk of having a subsequent cardiac event and even increase their risk of dying. In fact, one study found that depression increased the risk of death to 17 percent within six months of a heart attack versus 3 percent in those who didn't have depression.

So, be sure to monitor a heart attack patient's mood as part of your regular

check-ins, and be proactive by asking about signs and symptoms of depression. That can include questions like:

- ▶ How are you feeling?
- ▶ Would you describe yourself as happy most days?
- ▶ How are you sleeping?
- ▶ How is your energy level?
- ▶ What activities are you enjoying?

In addition, be sure to offer information on depression to patients and their families so they know the signs to watch for. You can also recommend community resources such as support groups for heart attack survivors so that patients have a support network from the beginning of their recovery.

If you are concerned about a patient's risk for depression, be sure to refer them to a mental health professional for an evaluation and treatment. Absolute Total Care can also help guide members to the right resources. Call **1-866-433-6041**.



Planning Advance Directives With Your Patients

Advance directives can be a sensitive topic to bring up with your patients, but it's important that they understand their right to execute these important documents. Absolute Total Care wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records. Providers are required to document provisions of information and note whether or not patients have an advance directive in their permanent medical records.

During our medical record compliance audits, Absolute Total Care may monitor compliance with this recommendation. Please contact us at **1-866-433-6041** if you would like information about advance directives.

Consistency Is Key for Hypertension

For patients who are taking medications to control blood pressure, it's essential they take those medications consistently for the best results.

The HEDIS measure for high blood pressure control includes patients who have been diagnosed with hypertension (excluding those with end-stage renal disease and pregnant women).

It measures the percentage of hypertensive patients with adequate control, which, as of 2015, is defined as a reading of less than 140/90 mm Hg for patients ages 18 to 59 years and for diabetic patients ages 60 to 85 years. For patients ages 60 to 85 years without diabetes, adequate control is defined as 150/90 mm Hg.

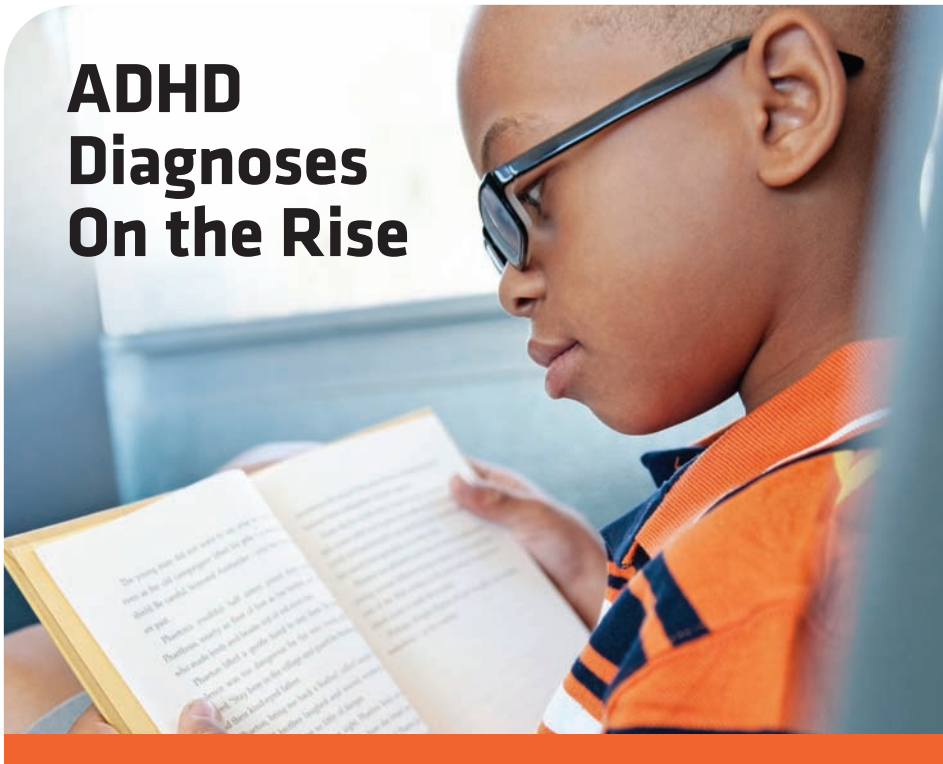
Even if they are "feeling better," it's good to remind patients to keep taking their medication. Here are a few ways to help people comply with their medication regimen:

- ▶ **Suggest they take medications around mealtimes.** Taking medications at a mealtime every day is a good way to remember to take the medication. You might suggest, for example, that a beta-blocker be taken right after dinner every night.
- ▶ **Recommend a pillbox.** Some practitioners give away pillboxes or recommend their patients pick one up at a drug store.
- ▶ **Discuss a reminder app.** If your patient is tech savvy, a smart phone app or other digital alarm can remind him or her that it's time to take medication.
- ▶ **Stay in contact.** Checking on your patient—whether in person, electronically or by phone—can help motivate patients to stay on track and lets you know if you need to modify their medications. A short call by one of your staff asking how the medication regimen is going may be all it takes to help patients stay on track.

HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	GOAL: NCQA QUALITY COMPASS 50TH PERCENTILE
Controlling High Blood Pressure	42.9%	56.46%

ADHD Diagnoses On the Rise



Ninety percent of all Ritalin takers used to be in the U.S. But that's changing, as worldwide diagnoses of ADHD are on the rise. A recent paper questioning the reasons for this change recently received attention.

Sociologists Peter Conrad and Meredith Bergey published a paper in *Social Science and Medicine*, examining the growth of ADHD in the U.K., Germany, France, Italy and Brazil.

They suggest there are five non-medical reasons why ADHD diagnoses and Ritalin prescriptions are increasing:

1. Determined lobbying by pharmaceutical companies to allow direct marketing of medications.
2. The greater popularity of medication than counseling or other non-medical treatments.
3. Increased usage of the Diagnostic and Statistical Manual (DSM)—and acceptance of its broader ADHD standards—in Europe and South America.

4. ADHD advocacy groups raising awareness of pharmaceutical treatments.
5. Online research that leads consumers to checklists or articles from drug companies, suggesting they ask their doctors about medication.

Bergey and Conrad note that these reasons do not have anything to do with medicine, warning doctors and consumers to be careful to distinguish between what is “part of the human condition” (e.g., we all fidget or are restless sometimes) and what is actually a disease.

The HEDIS measure for follow-up care for children ages 6 to 12 who are receiving a new ADHD medication states that children should have a follow-up visit to the prescribing doctor within 30 days of starting the drug. Then, after the initial follow-up visit, the child should have two subsequent follow-up visits during the next nine months.

Four Pharmacy Facts

- 1 Absolute Total Care is committed to providing high-quality, appropriate and cost-effective drug therapy to its members.
- 2 We work with providers like you, as well as pharmacists, to ensure that drugs used to treat a variety of conditions and diseases are covered. Some medications require prior authorization or have limitations on age, dosage and maximum quantities.
- 3 Absolute Total Care's Preferred Drug List (PDL) is the list of covered drugs, also known as the formulary. The PDL applies to drugs members can get at retail pharmacies. The PDL is evaluated regularly by our Pharmacy and Therapeutics (P&T) Committee to encourage the appropriate and cost-effective use of medications. The P&T Committee is made up of the Absolute Total Care medical director, pharmacy director as well as several physicians, pharmacists and healthcare professionals. See the most up-to-date formulary, including information about prior authorization, step therapy, quantity limits and exclusions, at www.absolutetotalcare.com.
- 4 If you disagree with a decision about coverage of a medication, you may inquire about the appeal process by calling **1-866-433-6041**. Please be sure to include all relevant clinical information with the prior authorization request so as not to delay processing.

FOLLOW UP CARE CHILDREN PRESCRIBED ADHD MEDICATION

HEDIS MEASURE	HEDIS RATE	GOAL: Quality Compass 50th Percentile	GOAL: Quality Compass 75th Percentile
Initiation Phase	45.59%	41.09% (MET)	46.99%
Continuation and Maintenance Phase	55.03%	49.51% (MET)	57.55%

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