

Patients with Asthma? Assess Their Future Risk Now



For questions about *Breathe Easy* or to enroll a member, call Deb Durning at 1-401-459-6178.

The current guidelines of the National Asthma Education and Prevention Program, created by the National Heart, Lung and Blood Institute, stress that some patients with asthma can still be at high risk for frequent exacerbations even if they have few day-to-day effects of asthma.

Assessing a patient's risk for asthma trouble is important for three reasons:

- A patient's symptoms may be controlled by medication without treating the underlying disease.
- Some patients are at increased risk for asthma attacks despite having few symptoms.
- The side effects of medication are sometimes worse than the asthma itself.

To assess future risk, the most robust predictors were frequency of asthma exacerbations, repeated measures of lung function and treatment side effects.

Neighborhood can help both you and your patients with asthma. We cover peak-flow meters for members and offer a program called *Breathe Easy*. Members who participate receive educational materials on topics such as the importance of an asthma action plan, the use of anti-inflammatory medications and the need for regular physician visits.

An asthma control test, developed by the American Lung Association, is mailed annually to members who meet certain criteria. The test is scored and, if the score indicates their asthma is not well-controlled, members are encouraged to call their doctor and a Neighborhood Disease Case Manager. Our Disease Case Managers work with members and their providers to help those at highest risk regain control of their asthma. ●

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RItE Care Generics Program: One Year Later

Mack Johnston, M.D., *Chief Medical Officer*

In February 2009, Neighborhood implemented the new “generic-only” prescription drug benefit for RItE Care members. The new benefit was launched to comply with regulations passed by the Rhode Island State Legislature in July 2008. The new regulations were passed in an effort to save enough state funds to cover the cost of full RItE Care coverage for existing RItE Care members.

Following the passage of the new regulations, Neighborhood and other RItE Care plans spent more than four months working with the Rhode Island Department of Human Services to structure and implement the program. Several key activities took place during those four months, including:

- Finalizing the list of drugs and drug classes that would be exempt from the generic-only program
- Drafting and distributing written materials to providers and patients about the program
- Defining the need for a Medical Necessity Review (MNR) process to give providers the ability to request brand-name drugs that would not otherwise be covered

- Drafting and obtaining approval of the criteria by which MNR requests would be evaluated and creating more than two dozen new MNR request forms
- Identifying and providing notice to the specific patients and providers immediately impacted by the program
- Structuring new internal processes to accommodate the expected increase in MNR requests

By the time the program rolled out in February, 33 drug classes had been identified as exempt from the generic-only program. The expanded list of exempt drugs greatly reduced the number of potential MNR requests and assured that patients receiving specific drugs would be allowed to continue their therapy without interruption.

In January 2009, Neighborhood mailed notices to more than 5,000 patients, as well as their providers, whose recent prescription history suggested they would be impacted by the new program. This advance notice caused many patients to switch to a generic even before the program began. The notice also gave providers time to submit MNR requests before their patients’ coverage changed.

As anticipated, the volume of MNR

requests increased dramatically during the first few weeks of the generic-only program. However, the volume of MNR requests never approached 5,000 to 8,000—the number of patients expected to be impacted by the new program. At its peak, the number of MNR requests reached a level roughly four times the normal volume, but it is estimated that less than 20 percent of the prescriptions that might have been impacted by the program resulted in an MNR request. At the same time, many more patients switched to a generic alternative.

Today, the generic-only program is producing some positive results. While the volume of MNR requests continues to be slightly higher than what we experienced before the generic-only program, generic utilization has increased from about 80 percent to more than 86.5 percent. Today, almost nine out of every 10 prescriptions filled by our RItE Care members are for a generic drug. That has produced a total savings of more than \$2 million for our members. That \$2 million is currently available to provide coverage for some of the state’s most vulnerable patients.

Mack Johnston MD

Our Case Management Team Cares About Your Patients

Neighborhood Health Plan of Rhode Island offers a Complex Case Management program for members who have highly complex medical needs. Along with Neighborhood's other case management programs, this program focuses on the coordination of services, goal-setting and treatment for members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the health care delivery system.

Who might benefit from Complex Case Management services?

- High-risk neonates discharged to home from a NICU or level II nursery
- Members with an inpatient stay greater than 21 days who have been

- discharged to home
- Members discharged to home from an acute rehabilitation or skilled nursing facility
- Members who have been discharged to home after having a transplant
- Members taking multiple medications with suboptimal treatment plans

What can Neighborhood's Complex Case Managers do for members?

- Support and reinforce members in their efforts to adhere to treatment interventions recommended by their health care providers
- Advocate for members to obtain the most appropriate health care services available
- Act as a liaison between all providers to enhance communication

- Educate members, families and health care providers regarding benefits, availability of services, community resources and health care alternatives
- Reduce barriers in order to maximize positive outcomes for members. ●

For more information about Neighborhood's Case Management programs, or to refer a member who you believe may benefit from Case Management services, please call Cathy Tager, R.N., Clinical Team Lead, at **1-401-459-6177**.

SPRING CLEANING!

Send in Paperwork Now to Avoid Delays

To gear up for our upcoming fall 2010 conversion to a new transactional system, Neighborhood would like to ask all our providers to submit any adjustment requests, corrected claims, payment inquiries or outstanding items that are still within your

contracted timely filing for immediate review. Failure to submit these items before fall 2010 may result in delays in processing these transactions.

Please use one of the following means to contact us.

Claims inquiries via the Web:

NaviNet www.NaviNet.net

Claims inquiries via telephone:

Customer Service 1-401-459-6020

Claims corrections and resubmissions via fax:

Claims Production Department 1-401-459-6146

Claims adjustment and appeal requests via fax:

Claims Quality and Audit 1-401-459-6188

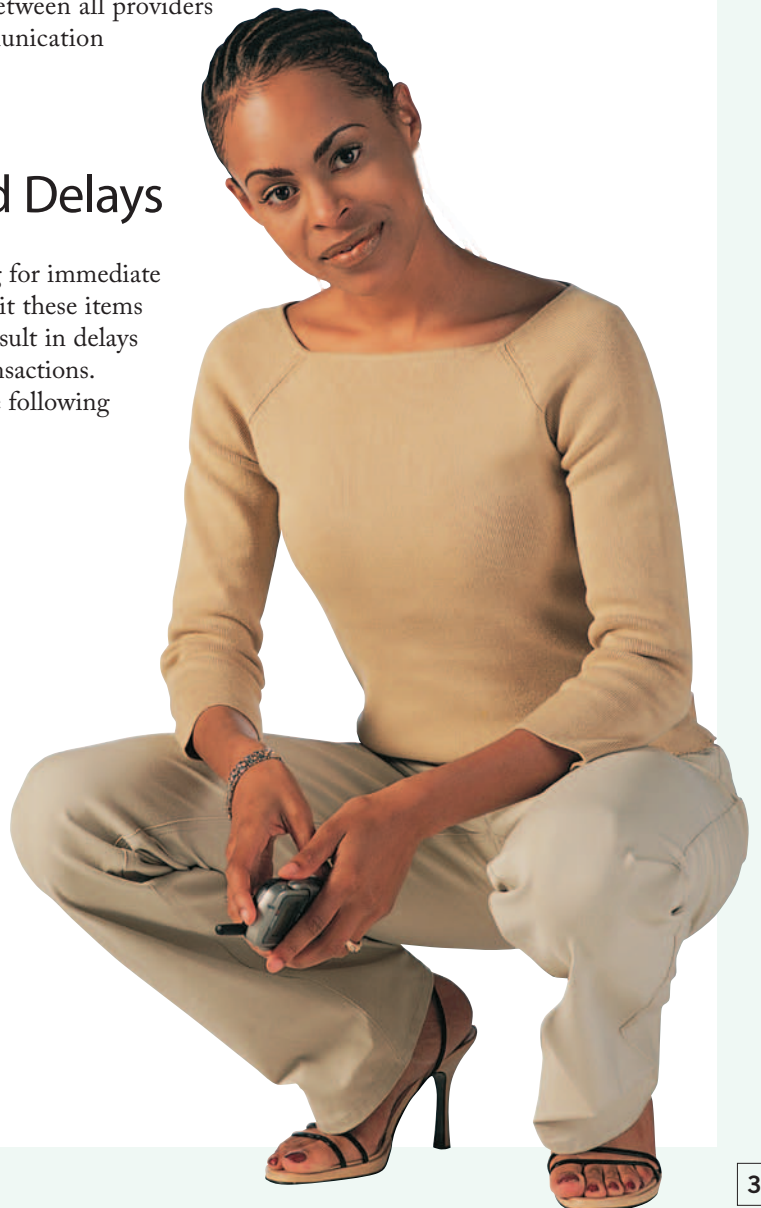
Claims reconsiderations (review of medical notes) via fax:

Claims Quality and Audit 1-401-459-6188

As always, feel free to contact us via regular mail at:

299 Promenade Street
Providence, RI 02908

We thank you in advance for your attention.





Matching the Right Contraceptive Method to the Individual

Contraceptive counseling is a process that continues throughout the fertile period of a woman's life—from menarche to menopause. Each patient's visit with her provider should, therefore, include a discussion regarding her satisfaction with her current contraceptive method and her future contraception needs.

A patient's age, near-term or long-term desire for children, and sexual activity are important determinants of her contraceptive goals. Her risk for sexually transmitted infections as well as her family history and personal health risks (such as for cardiovascular disease or cancer) are important considerations in choosing the type of method that is appropriate for her. Also, the patient's comprehension of the mechanisms of action of a contraceptive, the level of self-discipline required to use it and any cultural or moral concerns will influence

her ability to consistently and correctly use the method she chooses.

Patients should be aware that the efficacy of a contraceptive depends on its correct and consistent use. They should also know that even the most efficacious method may fail, even with appropriate use. Patients should be counseled about the comparable efficacy rates of contraceptive methods with typical use and helped to understand that long-term methods, such as injectable contraceptives and intrauterine devices, tend to have greater efficacy and lower failure rates. The efficacy of a given contraceptive method can be increased by using it simultaneously with another.

Finally, patients should understand the principles of emergency contraception as the last opportunity to prevent pregnancy and know how to obtain it. Overall, when initiating the discussion

about which contraceptive is the best match for a patient, priorities should include:

- Recognition of the patient's goals for control of fertility
- Identification of the patient's health risks
- Determination of the patient's ability to correctly and consistently use the preferred method ●

Rx Find Pharmacy Updates Online

View the latest pharmacy changes from Neighborhood's Pharmacy and Therapeutics Committee at www.nhpri.org. Click on "Providers," then "Pharmacy Resources."



Recognizing the Signs of Substance Abuse

In June 2008, the National Institute on Drug Abuse estimated the total cost of substance abuse—in terms of health, crime and productivity losses—to be in excess of half a trillion dollars per year. Personal costs and those to families are immeasurable. In addition, individuals abusing substances have a higher frequency of comorbid medical and psychiatric conditions and pain disorders; and unsurprisingly, the addiction itself is a barrier to meaningful treatment of these conditions.

Patients abusing drugs are challenging for medical providers, and most do not disclose that they are struggling with alcohol or other drugs. They may not recognize the problem, or they may fear disclosure would result in being judged negatively or in being cut off from the drug of choice. Addiction is non-discriminatory: It affects people of all ages, ethnicities and economic status.

The relationship primary care practitioners (PCPs) have with patients provides opportunities to detect signs of substance abuse. PCPs interact with patients and their families over time and gain their trust. Frequently, the first indications of a problem are deterioration in the personal and occupational lives of a patient. As a result, many suffering from addiction become isolated, making it even harder to break the cycle.

Those at increased risk of developing a substance abuse disorder include:

- Patients with a psychiatric disorder,

- such as bipolar disorder, personality disorder, depression or anxiety
- Patients with a history of conduct disorder
- Patients who had their first alcoholic drink at a young age
- Patients with a family history of substance abuse or psychiatric disorders

Behavioral signs of addiction may include:

- Estrangement from families, friends or partners
- Mood swings
- Self-neglect
- Anhedonia
- A decline in school or job performance
- Defensiveness to questions about substance abuse
- Aggressive behavior
- Legal problems

Clinical signs may include:

- Memory loss

- Difficulty concentrating
- Dyspepsia or bloating
- Chronic fatigue
- Erectile dysfunction
- Frequent falls or trauma
- Poor nutritional status
- Persistent nasal pain or ulcers
- Tremors
- An unsteady gait
- Resistance to disrobing
- Antecubital trauma, or tracks
- Lethargy
- Hypertension
- Tachycardia
- Edema
- Abnormal liver function tests

There are several screening tools available to providers, including CAGE and the NM Assist, online at ww1.drugabuse.gov/nmassist. But a nonjudgmental approach is probably the most important tool you have. ●

Coming Soon! A New Partner for Outpatient Radiology

This spring, Neighborhood is partnering with MedSolutions to manage high-end outpatient radiology procedures.

Providers will be required to request prior authorization from MedSolutions for all outpatient MRI, CT, PET and nuclear cardiology services. Inpatient and emergency services will not require authorization.

To submit a prior authorization request for an outpatient diagnostic imaging procedure, call MedSolutions at **1-888-693-3211**, fax it to **1-888-693-3210** or visit **www.MedSolutionsOnline.com**.

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If you have questions about this new program, check out **www.nhpri.org** or **www.NaviNet.net**. You can also call Provider Services at **1-401-459-6012**.

Mobile Case Management: A Hands-On Approach to Behavioral Health Care

By Tara Cerro, LICSW, and Jennifer Buckley, LICSW

In May 2009, Beacon Health Strategies, the behavioral health partner of Neighborhood, implemented the unique position of Pediatric Mobile Case Manager (MCM). The MCM intervention was developed to address the barriers that prevent timely discharges from inpatient psychiatric hospitals and acute residential treatment programs. Often members were ready to discharge but, due to multiple system issues, faced barriers to their discharge.

The MCM is a licensed behavioral health clinician who works as a liaison between Beacon, Neighborhood, the provider community and the Department of Children, Youth and Families (DCYF). The MCM focuses on expediting access for members to services, helping enroll members in Beacon's Case Management program and educating providers and DCYF staff about members' benefits and accessing care. The MCM is on site at each of the DCYF regions, on a weekly basis, to serve as a liaison. In addition, the MCM provides on-site collaboration



at inpatient facilities to support discharge planning for members. The MCM holds educational sessions with community stakeholders to educate them on Beacon's Case Management program, members' benefits and the continuum of care.

The hope is that the MCM's presence will continue to prove its worth to providers and community members so that, when faced with difficult situations, they have an understanding of the Case Management program and the levels of

care available to members. The MCM also can report feedback received from members, providers and community stakeholders to our team at Beacon to ensure cost-effective behavioral health services are available to our members. ●

If you believe that an MCM presentation would be beneficial for your program or agency, please feel free to call Beacon at 1-800-215-0058.

Clinical Practice Guidelines Update

We have updated our clinical practice guidelines for the diagnosis and management of adult coronary artery disease. To access these guidelines, go to www.nhpri.org and click on "Providers," then "Clinical Resources." Access to Neighborhood's guidelines on clinical practice, prenatal care and preventive care are also available online. Paper copies of all guidelines are available upon request. Call Nadine Oxx at 1-401-459-6005 for more information.



Making Decisions About Care

Medical Management staff decision-making is based solely on appropriateness of care and service and existence of coverage. Neighborhood does not reward practitioners or any individuals who perform medical reviews for issuing denials, nor does it use incentives to create barriers to care and services.



Resources for Specialty Care

Imagine the following situation—maybe you’ve even been in it before. You are a primary care physician with a patient who has type 2 diabetes and needs to see an endocrinologist. Here’s what Neighborhood can assist you with, if needed, in this type of scenario:

- **Identifying** a specialty care provider within our extensive provider network. Visit our website, www.nhpri.org, and click on “Find a Doctor.” Referring members to in-network specialty care providers is important because it allows Neighborhood to better manage and coordinate members’ care and ensure quality health care is provided by credentialed practitioners.
- **Scheduling** an interpreter for an appointment, if needed by the patient. Simply call Neighborhood’s Customer Service at 1-800-459-6020.
- **Educating** members who fail to keep an appointment. Neighborhood understands the impact missed appointments can have on overall access. Please consider calling Neighborhood’s Customer Service at 1-800-459-6020. We will attempt to make an outreach call to help that member understand the importance of keeping appointments and calling to cancel or reschedule. For your convenience, a Member Education Request Form is available at www.nhpri.org. Choose “Providers,” “Administrative Resources,” and then “Forms.” You may print, complete and fax the form to 1-401-459-6021.

Neighborhood values the participation and collaboration of all of its providers. We’d like to make the health care experience as successful as possible for our providers and our members. ●

Billing Practices Reminder

In their contract with Neighborhood, practitioners accept the Neighborhood fee schedule and cannot bill or balance bill members. Other than allowing copayments or deductibles, in no event can the practitioner bill, charge or have any recourse against Neighborhood members for services provided by the practitioner under the agreement with

Neighborhood.

Our practitioners, their staff and billing subcontractors may call Neighborhood Customer Service at 1-401-459-6020 with billing issues. Customer Service can also assist with member education and outreach to ensure our members’ and providers’ needs are met.



Neighborhood Physicians Score 100% in After-Hours Coverage—Again!

The results from the 2009 after-hours survey of providers, completed by Neighborhood's Provider Service Specialists this past fall, are in. Once again, 100 percent of the primary care practices surveyed have a reliable and consistent mechanism to facilitate members' after-hours access. Our specialists surveyed 73 primary care practices, representing 90 percent of Neighborhood's enrolled membership.

Neighborhood's Provider Services team calls each site after regular business hours to determine:

1. Whether each site uses an answering machine, answering service or both
2. What languages are available to callers

3. Whether emergency care instructions are provided first

Of the sites surveyed, 14 percent had an answering service, 11 percent had an answering machine and 75 percent had both mechanisms. Provider Services learned that the use of answering machines as the sole access-mechanism increased, and the number of sites using both a machine and answering service dropped slightly in the past year. Provider Services will try to determine what is driving this trend when they visit practices in the coming year.

Most encouraging is the increase in answering machine messages that provide medical emergency directions first. The number of machines offering this vital information first has doubled in the past two years! The availability of alternative language messaging also continues to increase.

Constantly striving to improve after-hours access, Neighborhood's Provider Service Specialists are making plans to encourage providers to offer an automatic connection to on-call providers, thus avoiding the requirement that callers hang up and redial in order to reach a provider.

Neighborhood's provider community deserves congratulations for its cooperation with helping us improve after-hours access. Thank you! ●



Neighborhood News

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As part of the Neighborhood Fraud and Abuse Initiative, we use software to identify potential aberrant billing practices. Please refer to your remittance advice to review, if applicable, any identified billing errors. We encourage you to take the appropriate actions to correct any errors. For claims that do not meet CMS-mandated coding standards, Neighborhood will deny, adjust or retract payments. For questions about your claims, call Customer Service at **1-800-459-6019**.

Neighborhood encourages you to report suspected cases of fraud and abuse. You can also report situations you just think may not be right. Call the Neighborhood Compliance Hotline at **1-800-826-6762** to tell us about fraud, abuse or your concern.

