

# Neighborhood

FALL 2010

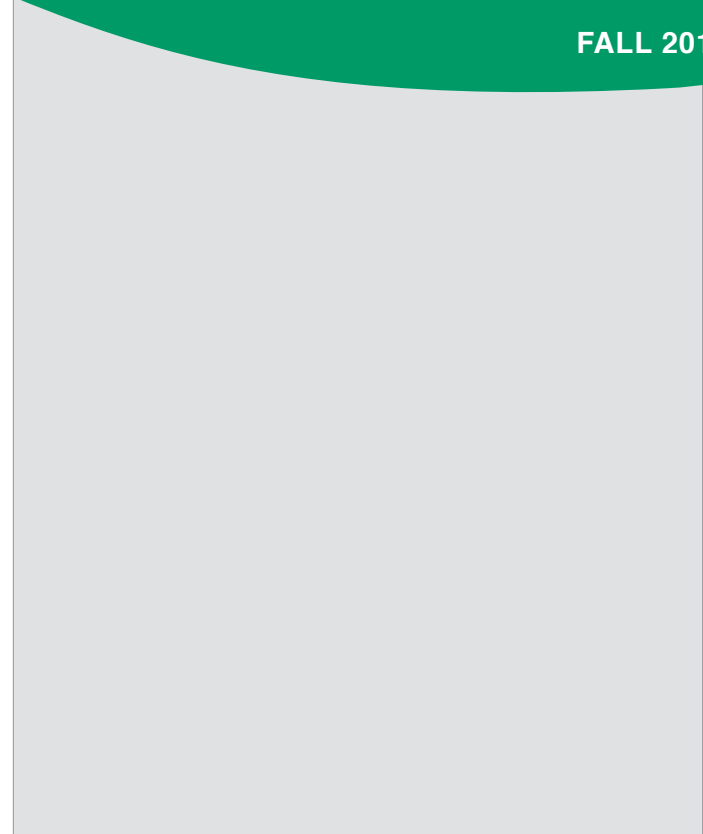
## New Core System to Go Live in November

This November, Neighborhood will implement a new core health plan administration system, HealthRules® by HealthEdge™. The go-live date of November 1 has been on every provider meeting agenda during the last year. We have sent several formal communications to inform and assist our provider network in preparing for this change to Neighborhood's operations.

In the spring, Nancy Coburn, Neighborhood's COO, sent a letter listing some of the benefits the new core system will offer including a higher level of consistent claims payments and quicker interaction with our Customer Service staff. Letters were also forwarded from our Director of Fiscal Operations, Michelle Tetrault, and Neighborhood's Director of Provider Services, Patricia Huschle, that addressed our planned paperless remittance advice and payment process, as well as changes to authorizations, claims edits and submissions guidelines.

These and other changes are part of our work to streamline operations in preparation for the new core system.

HealthRules will allow Neighborhood to provide more consistent and responsive answers to claims, authorizations and customer service requests. In addition, HealthRules meets new HIPAA 5010 EDI and ICD-10 requirements, and offers Neighborhood flexibility in the face of the changing healthcare marketplace.



A new web page titled 'New Core System Communications' can be easily found at the Providers section of our website. We encourage you to visit [www.nhpri.org](http://www.nhpri.org) regularly to review all communications about the core system implementation. Additionally, the Neighborhood home page on [www.NaviNet.net](http://www.NaviNet.net) will continue to provide updates on the core system implementation and keep important information front and center.

Of course, your customer service and provider service specialists are here if you need them. You also can email [coreproject@nhpri.org](mailto:coreproject@nhpri.org) with concerns, comments or any problems that arise.

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## Managing the Business: Coordination of Benefits and Fraud/Abuse Management

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

One of Neighborhood’s primary responsibilities is oversight of the spending of Medicaid funds. As well as managing appropriateness and medical necessity of payments, coordination of benefits and protection against fraud, abuse and waste in billing practices are critical.

### Coordination of Benefits

By Federal statute, Medicaid is the “payer of last resort” – this means other non-Medicaid payments must be exhausted before Medicaid is liable for payment. Neighborhood employs numerous processes to ensure the proper payment of claims by identifying all possible resources to pay claims prior to using Medicaid dollars. This ensures that the correct party pays sooner (and Medicaid later) by 1) avoiding claims where a known party is responsible for payment, or 2) recovering costs from a claim paid by Medicaid dollars that should have been paid by a third party. Furthermore, regulations require that information be shared with the State regarding private insurance sources. In compliance with this requirement, Neighborhood collaborates with the State; both the State and Neighborhood utilize vendors to identify possible third party coverage for members.

Others share in this responsibility. Members are required to report all available insurance sources when applying for Medicaid eligibility; and our provider community is encouraged to capture and report this information to Neighborhood as they come in contact with our members. This work ensures that Medicaid dollars are safeguarded to be used for proper payment where Medicaid is the sole payer.

The proper coordination of benefits for each and every member ensures we utilize Medicaid dollars appropriately so that benefits are safeguarded for existing eligible members and will be there for future members.

### Ensuring Appropriate Billing Practices

In addition to ensuring that Medicaid is the payer of last resort, Neighborhood is responsible for ensuring that submitted bills follow the required billing guidelines. Unfortunately—and very, very sad to say—Medicaid fraud has become big business and is a threat to the best management of limited Medicaid funds. That being said, the vast majority of problems identified in our routine claims payment audits are not intended to be a major crime.

Since 2005, Neighborhood has employed the use of editing and auditing software to identify problems in our claims data. There are several incorrect coding scenarios that we tend to see more frequently than others; some situations specifically in the potential fraud category are:

- **Unbundling:** Component parts of a procedure are billed instead of using the comprehensive code that describes the complete and total procedure.
- **Upcoding:** Billing for a higher level of care than is substantiated in the medical record.

### Improper modifier usage

When there is an identified pattern of incorrect coding or billing, we alert the provider that their coding does not meet the industry standard or Neighborhood’s billing guidelines (available on our web site).

Because Neighborhood is required by law to report to the State any activity related to fraud and abuse, we work with the provider or biller to educate them on how to correct the issue to avoid having it be a reportable incident.

These are several examples of our work ensuring proper expenditure of Medicaid funds. Please feel free to contact me or Provider Services with any questions.



*L. Mack Johnston MD*

## 2010 ACIP Influenza Vaccine Recommendations

The 2010 recommendations of the Advisory Committee on Immunization Practices (ACIP) include five principal changes or updates:

1. Routine influenza vaccination is recommended for all persons aged  $\geq 6$  months. This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19-49 years, and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.
2. For the 2010-11 influenza season, children aged 6 months-8 years who did not receive at least one dose of an influenza A (H1N1) 2009 monovalent vaccine should receive two doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months-8 years for whom the previous 2009-10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive two doses of a 2010-11 seasonal influenza vaccine.
3. The 2010-11 trivalent vaccines will contain A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus is derived from a 2009 pandemic influenza A (H1N1) virus.
4. A newly approved inactivated trivalent vaccine containing 60 mcg of hemagglutinin antigen per influenza vaccine virus strain (Fluzone High-Dose [sanofi pasteur]) is an alternative inactivated vaccine for persons aged  $\geq 65$  years. Persons aged  $\geq 65$  years can be administered any of the standard-dose TIV preparations or Fluzone High-Dose. Persons aged  $< 65$  years who receive inactivated influenza vaccine should be administered a standard-dose TIV preparation.
5. Previously approved inactivated influenza vaccines that were approved for expanded age indications in 2009 include Fluarix (GlaxoSmithKline), which is now approved for use in persons aged  $\geq 3$  years, and Afluria (CSL Biotherapies), which is now approved for use in persons aged  $\geq 6$  months. A new inactivated influenza vaccine, Agriflu (Novartis) has been approved for persons aged  $\geq 18$  years.

Periodic updates regarding influenza are published in MMWR. To view these updates go to <http://www.cdc.gov/mmwr>.

## Claims Corner

*Last Call: Avoid Delays and Resubmit Today*

To prepare for Neighborhood's system conversion in November 2010, please be sure to submit the following for immediate review:

- Adjustment requests
- Payment inquiries
- Corrected claims
- Outstanding items that are still within your contracted timely filing

Please use the following means to contact us for Claims Inquiries:

Claims Inquiries by Phone or Fax

**Customer Service:** 1-401-459-6020

Claims Corrections and Resubmissions via Fax

**Claims Production Department:** 1-401-459-6146 or 1-401-709-7028 (e-fax)

**Claims Quality and Audit:** 1-401-459-6188 or 1-401-709-7111 (e-fax)

Claims Reconsiderations (review of medical notes) via Fax

**Claims Quality and Audit:** 1-401-459-6188 or 1-401-709-7110 (e-fax)

Claims Inquiries Online

**Claims Inquiries at Navinet:** [www.NaviNet.net](http://www.NaviNet.net)

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.

Find  
Pharmacy  
Updates  
Online



View the latest pharmacy changes from Neighborhood's Pharmacy and Therapeutics Committee at [www.nhpri.org](http://www.nhpri.org). Click on "Providers," then "Pharmacy Resources."

## New Crisis Stabilization Unit at The Providence Center

At The Providence Center's new Crisis Stabilization Unit (TPC CSU) patients receive medical, educational and therapeutic services designed to support their individual needs and ensure a successful transition back to the community.

The unit is located in Providence where care is provided 24 hours a day, 7 days a week. Services include:

- Biopsychosocial assessment
- Psychiatric evaluation
- Medication management
- Nursing care
- Individual and group therapy
- Crisis intervention
- Case management
- Coordination of care
- Food services



The TPC CSU is an unlocked, sixteen-bed unit serving Rhode Island residents who are experiencing a psychiatric and/or substance abuse crisis.

### Criteria:

- Rhode Island resident, 18 years of age or over
- Have the capacity to safely stay in an unlocked facility
- Voluntarily agree to be admitted to the unit
- Be medically stable and receive medical clearance for the transfer by both the referring agency (emergency room or inpatient facility) and the TPC CSU staff.

Referrals are accepted from emergency rooms, inpatient facilities and licensed Rhode Island behavioral health providers. Please call 1-401-383-5150 for an initial screening and immediate admission decision.



## Medical Management: Give Us a Call!

Neighborhood's Medical Management Department has a telephone answering system (1-800-264-3955) as well as a fax line (1-401-459-6023) available to members and practitioners for inbound communications and access 24 hours a day, seven days a week. Medical Management Department staff is available Monday through Friday from 8:30AM to 5PM to receive inbound communication and conduct outbound communication via telephone, e-mail and/or fax.

**Call Neighborhood's Medical Management Department at 1-800-264-3955 for additional information.**



## How to Gain Access to UM Criteria

To make utilization management (UM) decisions for health care services which require prior authorization (such as hospital care, home care services, and equipment), Neighborhood uses written criteria based on sound, clinical evidence and specifies procedures for appropriately applying the criteria.

Neighborhood, using the criteria as guidelines, also takes into account individual circumstances and the local delivery system when determining the medical appropriateness of these services. Criteria used for utilization decisions are available upon request and can also be accessed on our web site, [www.nhpri.org](http://www.nhpri.org). Select "Clinical Resources," then "Clinical Medical Policies."

Please contact Kathleen Calandra, Manager of Utilization and Clinical Medical Policy, at 1-401-459-6044 if you have any related questions.

*NOTE: For the criteria used for decisions related to Neighborhood's formulary, visit our Pharmacy Resources page in the "For Providers" section of our website at [www.nhpri.org](http://www.nhpri.org) or contact Peter Vargas, Neighborhood's Director of Pharmacy Programs, at 1-401-459-6152.*

## Provider Satisfaction Survey Results Show Overall Improvement

Results of our recent Provider Satisfaction Survey completed in June 2010 indicate that overall satisfaction with Neighborhood improved slightly among network providers and remains high among office managers. We appreciate that about nine in ten responding providers and office managers would recommend Neighborhood to other physician's practices or patients.

Compared to "All Other Health Plans" in Rhode Island, satisfaction with Neighborhood continues to be significantly higher in the following areas: Call Center/Member Services Staff and Provider Relations.

Surveying provider satisfaction annually allows Neighborhood to gauge network providers' and office managers' satisfaction with services performed by the Plan. By contracting with an external survey vendor, The Myers Group, to administer the survey, we ensure a uniform, confidential mechanism for providers to report their experiences with Neighborhood.

Surveys were distributed between April and June 2010 to 731 network providers and 275 office managers, with response rates of 33% and 40% respectively.

The survey results reveal strengths and some areas for improvement:

- Satisfaction is highest (>50%) with the courtesy and helpfulness of the customer service staff, the process of obtaining member information, the responsiveness and courtesy of the provider relations representative, and timeliness to answer questions and/or resolve problems.
- Satisfaction remains lowest (<20%) with the clarity of the pharmaceutical management procedures, the variety of drugs available on the formulary, and reimbursement rates. Dissatisfaction with these elements is significantly lower among specialists than among primary care providers.

A number of interventions implemented during the second half of 2009 in response to last year's survey results contributed to improved provider and office manager satisfaction. Among responding office managers, satisfaction with Neighborhood's "timeliness of claims processing" improved significantly from 24.6% to 45.9%. Interventions in 2009 included shortening the release time for professional claims and external scanning of paper claims into an electronic file to speed up processing time.

Neighborhood implemented its arrangement with NaviNet in July 2009 to provide online access to member eligibility and benefits information as well as claims status inquiry. In 2010, 80.3% of office managers and 72.3% of providers report being very or somewhat satisfied with NaviNet. In fact, the process of obtaining member information was newly identified as a health plan strength and key driver of provider satisfaction. Neighborhood also made available an online searchable formulary for all lines of business in September 2009, and satisfaction with ease of using the formulary improved slightly in 2010.

Neighborhood will convene an internal Provider Satisfaction Workgroup to review the 2010 survey results and develop interventions where needed. Neighborhood's next Provider Satisfaction Survey will be administered in the spring of 2011.

### 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.



## Clinical Practice Guidelines Update

Neighborhood has updated the Clinical Practice Guidelines for Adult Routine Preventive Care and Pediatric Routine Preventive Care. To access these guidelines, go to our website and click on "Providers," then "Clinical Resources." Paper copies of all guidelines also are available upon request. Access to Neighborhood's guidelines on clinical practice, prenatal care and preventive care also are available through our website, [www.nhpri.org](http://www.nhpri.org). Call Nadine Oxx at 1-401-459-6005 for more information.

## Avoid Payment Delay!

*There's Still Time to Get Your Electronic Claim Payments and Remittance Advice*

In July we sent notification to providers about our transition to electronic payment and electronic remittance. A simple one-page form was included for you to include your banking information and e-mail address. In order to ensure timely processing of your application, please submit this form now. The deadline has passed, but it is not too late! Send your payment direct to your bank and instantly pick up your electronic remittance advice. Just fax your form to 1-401-709-7050.

As of November 1, 2010, Neighborhood's payments to providers will be electronic. **Paper checks and payment advices will be retired.** Please go to the Neighborhood website at [www.nhpri.org](http://www.nhpri.org) under "For Providers," then "New Core System Communications" to find Neighborhood's notification letter, form, and frequently asked questions.

## STOP FRAUD & ABUSE

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.**



## Calling All New Moms! Neighborhood Offers Text4baby

Neighborhood is proud and excited to be a Text4baby outreach partner. Text4baby is an educational program of the National Healthy Mothers, Healthy Babies Coalition. It is a free mobile information service that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life.

Women who sign up for the service by texting BABY to 511411 (or BEBE in Spanish) will receive free text messages each week, timed to their due date or baby's date of birth. Mothers with new babies will receive three messages per week up until the child's first birthday.



**text4baby<sup>SM</sup>**

Neighborhood is promoting the service through our Bright Start telephonic case management program as well as through our Bright Start educational mailings. We encourage our providers to let their Neighborhood patients who are pregnant or who recently had a baby know about this important and free service. **For questions, please contact Deborah Durning at 1-401-459-6178.**

