

Neighborhood NEWS

SUMMER 2011

Programs for Members with Alcohol and Substance Abuse

Screening to detect high-risk members with alcohol and other substance use disorders is of primary importance to insure early identification and appropriate levels of care. Individuals with substance use disorders are heterogeneous with regard to a number of clinically important features and domains of functioning. Consequently, a multimodal approach to treatment is typically required.

Care of individuals with substance use disorders includes conducting a complete assessment, treating intoxication and withdrawal syndromes when necessary, addressing co-occurring psychiatric and general medical conditions, and developing and implementing an overall treatment plan.

The goals of treatment include the achievement of abstinence or reduction in the use and effects of substances, reduction in the frequency and severity of relapse to substance use, and improvement in psychological and social functioning.



If you have Neighborhood members who have screened positive for alcohol or other substance use (illegal or prescribed substances), Beacon Health Strategies (Beacon), our behavioral health partner, has services designed to address these issues. These services include the following:



- General education through Neighborhood member newsletter articles
- Screening tools available online at nhpri.org > For Members > Your Health at Behavioral Health
- Screening and assessment by behavioral health providers
- Pregnancy Enhanced Services which include special intensive services for pregnant women who are abusing substances
- Intensive Case Management which can provide long-term support and outreach for high risk members

In addition, Beacon can arrange treatment programs including:

- Outpatient Services
- Inpatient and alternative hospital services
- Referral to community resources

If you have any questions or need any assistance, please feel free to contact Beacon at 1-800-215-0058.

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or follow us on 

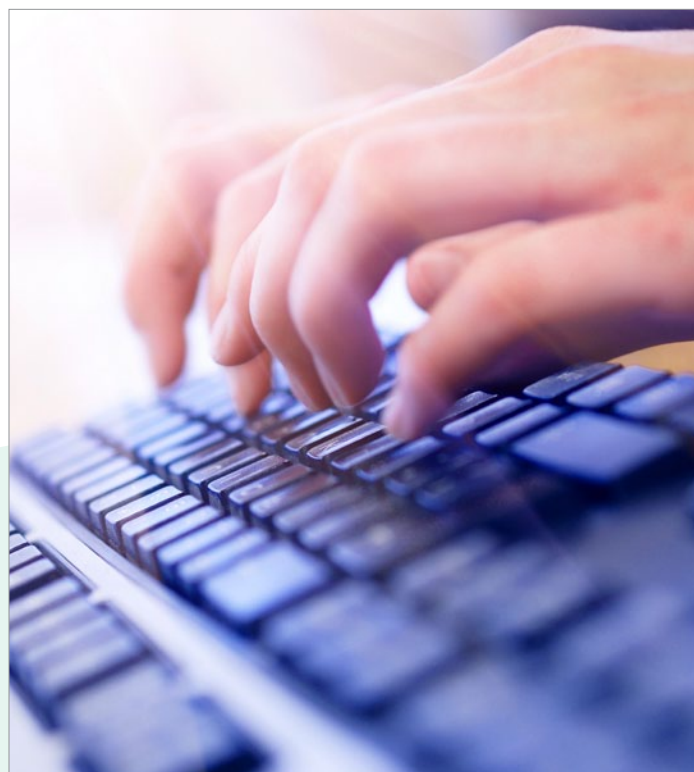


Managing Benefits with an Improved Information System

Stephen Davis, M.D. Associate Medical Director

Neighborhood is in the final stages of a corporate-wide transition to a new core system. Health Edge's Health Rules replaces the Diamond system and other platforms and applications which perform functions related to claims processing and payment. Health Rules also supports many other core business functions. This transition will eliminate barriers between information systems and databases which often challenge growing organizations, and will empower Neighborhood to be a nimble health care organization in an ever-changing environment.

A critical foundation block for the new system has been designing the appropriate benefit structure within Health Rules to ensure that services billed select appropriate benefits; an important first step in accurate claims payment and reporting. This work has been accomplished through an interdepartmental effort led by me, with strong support from Benefits Management and Medical Review and Clinical Medical Policy staff. Neighborhood's physician reviewers and consultants contribute expertise throughout the process.



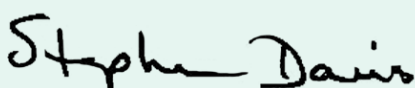
Our Clinical Management Committee (CMC), which includes members from local physician community and Neighborhood staff review the benefit structure on a schedule which links benefits information to clinical medical policy. The CMC is charged with providing direction and input for Neighborhood's quality improvement program, clinical programs and medical review criteria.

The Health Edge system provides five key departments that serve our providers with the transparency required to meet their needs, from questions regarding benefit coverage and authorization requirements, to accurate claims payment and generation of the Remittance Advice. Customer Service, Medical Management, Provider Services, and Claims and Fiscal Operations teams will share one system that will ensure Neighborhood can respond to providers' questions and process providers' claims in an efficient and effective manner.

While the internal teams continue to refine elements of the Health Edge system, the majority of the benefit structure has been completed. This work provided the basis for the Medical Coverage, Billing and Reimbursement Guidelines (Billing Guidelines) which our Provider Services and Claims staffs published in September 2010. Current versions of the Billing Guidelines along with updated information are available at our website, nhpri.org. Provider support staff, from the front office to billing clearinghouses, will find our web-based Billing Guidelines easy to locate, navigate and understand.

Our Customer Service and Provider Services teams are available to answer additional questions regarding covered services, authorization requirements or individual claims payment concerns that may arise from time to time.

Thank you for your patience as Neighborhood works to implement Health Rules on an aggressive timeline while maintaining our current operations, and thank you for your continued care of our members.



Stephen Davis, M.D.
Associate Medical Director

Diabetes

Lucy is a 40 year old who had her initial PCP office visit with you 2 weeks ago. She recently qualified for Medical Assistance. She chose Neighborhood for her managed care plan.

Lucy reported

- Type 2 Diabetes x 5 years, follows a low carbohydrate diet
- Cigarettes- 1 PPD x 20 years- expresses willingness to quit
- Productive cough- morning
- Blurred vision- prohibits night-time driving
- Burning, tingling pain in feet- difficulty walking
- Leg weakness, fear of falling, desires to increase activity
- Lives alone, financial problems, difficulty maintaining apartment and car
- Small food budget
- Feels overwhelmed, depressed
- No medications
- No Glucose Meter

Your Physical Exam revealed

- Random BG 270
- BP 150/88
- BMI 27
- Monofilament test- mild to moderate neuropathy
- Foot exam- 2 inflamed toes

You prescribed

ACE inhibitor, Metformin, lab work, Glucose Meter & supplies, daily foot care.

Lucy returns for her 2-week follow-up appointment and Baseline lab results reveal

Fasting Plasma Glucose 220, A1c 9, LDL 245, eGFR 145

What Neighborhood can do to help?

Neighborhood has an extensive network of providers including all specialty fields, behavioral health, home care, out-patient rehab services, and more.

Other benefits include

- Interpreter services
- Smoking cessation products including NRT
- Telephonic Case Management and Disease Management for acute and chronic coordination of care and education
- For Diabetes: "Control for Life" reinforces knowledge, encourages self-management
- Smoking cessation counseling: "Quit for Life"
- Social Care Coordinator services
- Beacon Health Strategies for behavioral health services

Depending on Line of Business

other benefits may include

- Nutrition counseling
- Diabetic shoes
- Transportation to medical appointments

Please visit nhpri.org Providers > Provider Manual
or call Neighborhood Customer Service at 1-401-459-6020 for additional information.

Guidelines Available Online

Neighborhood has clinical practice and preventive care guidelines relevant to our membership, for the provision and management of preventive, acute and chronic medical and behavioral health services. The guidelines are based on scientific data, expert opinion and clinical experience.

Access to Neighborhood guidelines is available at nhpri.org, Providers > Clinical Resources

Paper copies of all guidelines are available upon request. Call Nadine Otrando at 1-401-459-6005 for more information.

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."

April’s “Sharing the Learning” Forum

Community Health Centers (CHCs) have historically led the way in continuous improvement of service and care for their patients. For decades they have been involved in quality improvement work, most recently as participants in state and national collaboratives. CHCs have been in the forefront of EMR adoption and their engagement in the Medical Home movement is just as deep, and just as progressive.

CHCs have always been medical homes to their patients, seeking to offer broad services and community engagement under their rooftops. The Medical Home movement has led to definitions of success in applying health information technology, in defining extent and expectations for access, and in improving member engagement. As part of this movement, the CHCs, supported by Neighborhood and RIHCA, sent four representatives in March 2011, to the Institute for Healthcare Improvement’s (IHI) International Summit on Improving Patient Care in the Office Practice and in the Community, held in Dallas.

In follow-up, and in keeping with the commitment to continuous learning, the participants led a forum on April 28 called Sharing the Learning. Buoyed by their experiences in Dallas, six presentations highlighted IHI principals and experiences as practices seek to increase service and outcomes for their patients, and help staff “break out of the frantic bubble” of office work. This important work promises to improve patient engagement, care, and outcomes, and promote savings that may be used to further strengthen primary care for Rhode Islanders.

Anyone wishing copies of the presentations may contact Mack Johnston at mjohnston@nhpri.org.



Claims Corner

New Vaccine Administration Code Reminder

Remember that 90460 and 90461 should be used only if vaccine counseling* is performed. 90460 should be used once for each vaccine billed and if a vaccine has more than one component, then 90461 should be used with the appropriate number of units.

Example

90698- Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine, inactivated (DTap-Hib-IPV) for intramuscular use. This vaccine is made up of 5 components and should be billed as follows:

If member is age 18 or under and counseling on vaccine was performed

- 90698- 1 unit
- 90460- 1 unit
- 90461- 4 units

If member is 19 or older or no counseling was performed

- 90698- 1 unit
- 90471- 1 unit

**Vaccine counseling must be performed by a qualified healthcare professional and consists of:*

- Reviewing/discussing the relevant CDC Vaccine Information Sheet(s) (VIS)
- Reviewing/discussing risks and benefits of specific vaccine(s)
- Obtaining consent for each vaccine(s) administered
- Addressing all other patient/parent concerns and questions related to vaccines and immunization administration

Be sure to document that counseling was performed in patient’s medical record.

***Please note that new administration codes 90460-90461 are not meant to replace the 90471-90474 codes.*

Got NaviNet?

If you are not a current subscriber to Navinet, please contact your Provider Services representative or NaviNet directly for information on how to subscribe. NaviNet provides access to claims, enrollment information, and more 24/7.

Primary Care Network Provides Excellent Access for Members

In July and August 2010, Neighborhood surveyed sixty-eight Primary Care sites to assess the access to primary care services provided to our members. The sites surveyed represent seventy-six percent of the total Neighborhood membership.

As in 2009, sites were asked to self-assess and respond via fax and email. The survey questions, all according to the “third next available appointment” recommendation by the Institute for Healthcare Improvement (IHI), measured access to routine care, new member care, symptomatic care, and access to urgent and non-urgent care.



Neighborhood is pleased to announce that ninety-seven percent of the Primary Care sites surveyed meet all accessibility standards.

As our Provider Services Specialists make site visits to primary care practices throughout the year, they hope to learn the keys for operational success from those practices that continually excel at providing timely access to services for their members. This fantastic performance, evidenced year after year, is reflective of the commitment and quality provided to Neighborhood’s members by the Primary Care community.

Congratulations and thank you on behalf of Neighborhood, the Provider Services department, and the members you serve!

Navigating the System:

Neighborhood’s Member Advocate

It’s not always easy for patients to navigate the challenges of the health care system. You and your patients should know that Neighborhood Member Advocate/Ombudsman, Jacqueline L. Dowdy, MSW, is dedicated to helping members do just that. Jackie is always available to hear and address member concerns and experiences when accessing health care services. Jackie helps Neighborhood members to file complaints and works with health plan staff, consumer advisory groups, and local community-based organizations that interact with our members to make sure their needs are addressed.

Jackie is a foster mom who has cared for children with special health care needs, and has experience and a personal interest in resolving systemic issues.

“ I HAVE MANY ROLES AT NEIGHBORHOOD. I AM AN **educator**; A **problem solver**; AN **investigator**; AND A VOICE FOR CHANGE. I WILL LISTEN TO YOUR CONCERNS AND NEEDS, GATHER THE INFORMATION, **help you find answers** AND RESOLVE SERVICE LEVEL PROBLEMS. ”

Please do not hesitate to refer a Neighborhood member in need of assistance to Jackie Dowdy at 1-401-459-6172.

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.**



Coordination of Care through Information Exchange: Urgent Care Centers to PCPs

Timely communication between providers is imperative to ensure appropriate documentation of medical treatments provided to members and to facilitate appropriate follow-up care for Neighborhood members. However, in the plan's 2010 Provider Satisfaction Survey, only 25% of providers and 34% of office managers reported receiving follow-up information from Urgent Care Centers after patients in their practices received care at one of those centers. These rates are even lower than the follow-up rates reported after visits to hospital emergency rooms, which are also problematic.

To improve the coordination of care for our members, as of July 1, 2010, Neighborhood initiated a communication standard and required by contract amendment that network Urgent Care practitioners communicate the need for treatment and pertinent physical exam findings via fax to the members' primary care physicians (PCP). The communication must be sent within twenty-four (24) hours of the visit using the "Urgent Care Report to Primary Care Physician" form.

Additional objectives of this initiative are to promote member contact with their PCPs, directing the members back to their PCPs for follow-up care, and to standardize continuity of care for urgent care needs. Neighborhood's expectation is that PCPs will utilize the faxed information by entering it into the members' records and using the opportunity for timely outreach by the PCP when appropriate.

Contact a Neighborhood Provider Service Specialist at 1-401-459 6024 to receive a copy of the "Urgent Care to Primary Care Physician" form. Contact information for PCPs is available within the Neighborhood online searchable directory at nhpri.org > Find a Doctor.

Neighborhood needs the cooperation of both the network Urgent Care Centers and our Primary Care network to reach one-hundred (100%) compliance with the notification process. We appreciate the commitment of both groups to continually improve the services provided to Neighborhood 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 **1-800-459-6019** with billing issues. Customer Service can also assist with member education and outreach to ensure our members' and providers' needs are met.



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.

