

Neighborhood NEWS

WINTER 2010 - 2011

Communities of Care:

Fostering the Primary Care Relationship and Reducing Non-emergent use of the ER

The Department of Human Services (DHS) has implemented a new initiative called Communities of Care (COC) for its Medicaid managed care members. The goal is to improve health outcomes by fostering the primary care relationship and reducing non-emergent use of the emergency room (ER). This initiative is targeted towards members who have had four or more ER visits in the past 12 months.

The most intensive model is the Dedicated Provider Model. These members, in addition to the greater than 4 ER visits have also used multiple ERs, pharmacies and/or providers. Members in this group will select one primary care provider, one pharmacy location, and if appropriate, one narcotic prescriber and/or psychiatric medication prescriber. In addition and as appropriate, one mental health and/or substance abuse provider will also be selected.

The Case Management staff will help members select their "dedicated" providers and also complete an Emergency Room Survey with each member. The survey will help identify members' unmet medical and social needs and what may be causing their ER use.

Members who are enrolled in the dedicated program will have "Communities of Care-Dedicated" on their Neighborhood Member ID cards. Medical Providers should check eligibility online with NaviNet. Behavioral Health Providers should check eServices and not EDS. Both NaviNet and eServices will identify the member as being in the Communities of Care-Dedicated program.



Some members in COC won't meet the criteria for the Dedicated Provider Model but may still have unmet health needs. These members will be given an Emergency Room Survey to complete by phone or mail and the case management staff will determine what kind of follow-up may be needed. Some members may benefit from the services of a Care Manager or Peer Navigator*.

The program became effective on November 1, 2010 and dedicated members will start to be locked into their provider network as of December 1, 2010.

For more information, please contact:
Neighborhood at 1-401-427-6750.


**Peer Navigators are specially trained lay health workers who work directly with members to support optimal use of the medical care system and make referrals for community-based social services.*

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Our Work with High Risk Pregnancy and NICU children

Stephen Davis, MD

A significant amount of Neighborhood's work involves pregnancy and infants. As a result of this, Neighborhood cares for women who have high-risk pregnancies and for children who have been in neonatal intensive care units.

Covering about 3500 pregnancies and deliveries per year, Neighborhood has developed the Bright Start program. There are several components to the Bright Start prenatal care coordination efforts. At the first prenatal visit, Bright Start providers are asked to complete a Health Risk Assessment (HRA) form on each pregnant woman. These HRAs identify members who have medical, social and/or behavioral health issues that put members at risk for poor outcomes. Bright Start case managers outreach to members identified with moderate or high risks to identify and resolve any barriers or gaps in care.

One of the risks listed on the HRA is history of premature delivery or underweight baby, which increases risk for recurrence. It has become accepted practice in Rhode Island to treat most women who have had history of a pre-term delivery with a medication called 17-alpha Hydroxyprogesterone Caproate, or "17P", a progesterone hormone administered via weekly injection during the second and third trimesters. Research has shown promise in reducing the incidence of subsequent preterm birth in high risk pregnancies by about 40%. When a woman has been identified as a candidate for 17P, the Bright Start case managers assist members with resolving any barriers that prevent adherence to this treatment plan.

Neighborhood has been involved with a new program for high risk infants. Women & Infants Hospital has developed a program for infants that have been discharged from the Neonatal Intensive Care Unit called the Transition HomePlus Program (THPP). This program identifies NICU babies meeting defined criteria making them high risk for medical complications after their discharge. The criteria and acceptance in the program is at the discretion of the W&I THPP team. The criteria for acceptance includes: 1) birthweight of less than or equal to 1500 gms (3.3 pounds); 2) infants with a birthweight of greater than 1500 grams but less than 2500 grams with complex medical issues including oxygen use, feeding tube or tracheotomy; and finally 3) infants over 2500 grams with complex social issues.

THPP is designed to increase the contact that these infants and their parents have with the health care system, to be available to answer their questions, to provide a home visit after discharge by a neonatal nurse practitioner, and to conduct on-going clinic visits until the child can be transitioned after about 6 months to his or her primary care pediatrician or family doctor. THPP was initially funded for two years by a grant from the CVS Foundation, and it demonstrated significantly decreased hospitalization rates for these children. Since January 2010, Neighborhood has been supporting the program and Neighborhood's pediatric/Neonatal case managers have been coordinating with the THPP providers and the primary care providers to co-manage the care for these high-risk infants.



Neighborhood's Bright Start and Pediatric/Neonatal case managers work tirelessly on behalf of these members. They coordinate care, arrange transportation, help procure needed medical equipment, arrange for translators, contact providers, make specialist appointments, and do all the big and small things that empower members and optimize their care.

Stephen Davis

High-Quality Care Matters at Neighborhood

Our Quality Improvement (QI) program strives to ensure that our members have access to high-quality health care services that are safe, effective and responsive to their needs. Our QI program extends to all departments, at all levels. QI activities are organized around three areas: member and provider services, clinical programs and internal operations.

Through authority given by the board of directors, the Chief Medical Officer guides the direction and implementation of QI and oversees the activities of QI committees, subcommittees and work groups. The Department of Evaluation and Improvement (DEI) has the lead responsibility for plan-wide QI and works with all departments to drive QI through data analysis and effective QI tools. Neighborhood delegates behavioral health QI activities to Beacon Health Strategies and approves Beacon's annual QI evaluation and description.

Within our quality structure, related functional areas work toward our overall goal of ensuring members have access to and satisfaction with health services and delivery. The objectives in support of this goal are to:

- Ensure quality medical and behavioral health care is available and accessible

- Deliver intervention programs aimed at improving preventive care rates
- Apply the chronic care model to all disease management programs and comorbid conditions
- Provide support to members with acute health care needs
- Ensure member and provider satisfaction
- Monitor and improve coordination of care in all health care settings and ensure member safety
- Monitor physician adherence to clinical practice guidelines
- Develop and disseminate materials and communications to engage members in their own care
- Improve HEDIS® and CAHPS® results
- Maintain collaborative relationships with network providers
- Ensure ongoing operational efficiency across the organization

The QI program evaluation and description are presented annually to the Clinical Affairs Committee for review and to the board of directors for final approval.

Questions about QI? Refer to www.nhpri.org or call Cesarina Elias at 1-401-459-6087.

Member Rights & Responsibilities Are Online

We support the rights of members of Neighborhood and want them to receive high-quality care and services. Please be aware of our members rights and assist them with their responsibilities. You can view the Member Rights and Responsibilities online at www.nhpri.org Just click on "Your Rights and Privacy" in the Member section.

For a hard copy, contact Neighborhood Customer Service at 1-800-459-6019.

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.**



Benefits of Open Communication between Primary Care Physicians and Mental Health Providers

Karen Power, MPH

Continuity and coordination of care between medical and behavioral health is an important aspect in the delivery of quality health care, as behavioral and medical disorders can interact to affect an individual's health. Up until recently the role of the primary care physician (PCP) had been to address medical issues and not necessarily to focus on their patients' mental health issues. However, today, many mental health medications (e.g., Depression and Attention Deficit Disorders) are prescribed by a PCP. Because of this, it is extremely important that communication and collaboration exists between the medical and behavioral health professional.



There are a few easy steps that you can take in order to communicate with your patient's behavioral health professional:

1. Have your patient sign a Release of Information form that allows you to communicate with their behavioral health provider.
2. Send any pertinent lab results or prescribed mental health medications to their behavioral health provider.
3. If you should receive the PCP/BH Communication Form from a behavioral health provider, please fill in your section and return it.

You can also obtain a copy of this form by visiting the Neighborhood website at www.nhpri.org. On the Provider tab, simply select Administrative Resources, and Provider Forms. The PCP/BH Communication Form is listed under Behavioral Health.

If you have any questions about how to communicate with your patient's Mental Health Provider, please feel free to contact Beacon Health Strategies at 1-800-215-0058.


Core System Update

After careful consideration and in keeping with our primary goal of successfully implementing an effective new core system, we moved the "Go Live" date for our new system to early 2011, rather than November 2010. We will provide key milestone dates and a detailed update on December 10th. Providers and other partners will have at least 30 days notice prior to "Go Live."

While we are eager to get the new system up and running, our priorities are to make sure the system works well, staff are thoroughly trained on the new system, and members and providers are not adversely impacted by the changeover.



We continue to be very pleased with our technology partner HealthEdge and are confident that delays in development and changes in business requirements will soon be surmounted. It is just taking a little extra time and, in the end, having HealthEdge technology will be a remarkable advantage for our organization. Please email any questions to newsystemquestions@nhpri.org.



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."

RI's One-stop Shop for Aging and Disability Resources

THE POINT is Rhode Island's Aging and Disability Resource Center (ADRC); it consists of a main call center and eight regional centers which function from senior centers throughout the state. The ADRC program, funded by the Administration on Aging (AoA) and the Center for Medicare and Medicaid (CMS), is currently implemented in forty-nine states. Each ADRC serve as a single point of entry or "one stop shop" to provide needed information, services and support to seniors and adults with disabilities and their families.

THE POINT offers Benefit Specialists, who are multilingual staff trained in aging related issues and the needs of adults with disabilities, who help empower people to make informed decisions. Benefit Specialists provide expert resources, referrals, and assistance to connect clients to needed information from a comprehensive database; help them assess medical, financial, and social information; assist them with applications and other forms; and help advocate for their needs. Benefit Specialists have also trained on tenets of the Care Transitions Intervention (CTI) model and motivational interviewing, and incorporated these skills to engage and empower patients in lifestyle management.

To learn more about this effort or for an on site in-service, please contact Deborah Correia Morales at 1-401-528-3249, or dmorales@riqio.sdps.org.

Rhode Island's Aging and Disability Resource Center

HOURS

M, W, F	8:30AM – 4:00PM
T, Th	8:30AM – 8:00PM
Sat.	8:30AM – 12:00PM

PHONE

24 / 7 - multilingual
Toll Free in Rhode Island
1-401-462-4444 (VOICE)
1-401-462-4445 (TTY)

WEB

<http://adrc.ohhs.ri.gov/>



New CPGs Now Online

Neighborhood has updated the Clinical Practice Guidelines for Diagnosis and Management of Adult Heart Failure and Diagnosis and Management of Chronic Obstructive Pulmonary Disease. 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. Call Nadine Oxx at 1-401-459-6005 for more information.

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.



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.

News & Notes

- Neighborhood retained its #7 Medicaid health plan in America ranking by the National Committee for Quality Assurance (2010/2011), and is tops in Rhode Island (BCBSRI #8; United #26) – Thank you providers!
- Blue Cross and Blue Shield of Rhode Island will no longer participate in the State’s Medicaid managed care program effective December 2010. BCBSRI’s nearly 15,000 Rite Care members have been transitioned to both Neighborhood and United.
- The Rhode Island Health Center Association and Neighborhood co-hosted the “Policymakers Breakfast – Getting Ready for Medicaid Expansion” on November 17th at Roger Williams Park Casino in Providence. More than 160 attendees heard from national and local experts on health reform and policies Rhode Island can implement to cover newly eligible adults with low income. Go to the Neighborhood webpage (www.nhpri.org) under Policymakers for more information.



- Neighborhood is getting social. The new Neighborhood Health Plan of Rhode Island Facebook page aims to build a community for mothers and families looking for health information, news and tips on local free/inexpensive opportunities as well as information on Neighborhood events, such as our annual participation in Back to School.
- Sign-up to receive policy alerts and papers from Neighborhood via Constant Contact. Opt-in to our email list by visiting our For Providers – Welcome page at our website, www.nhpri.org



Providing Continuity of Care

Practitioners who leave our network but wish to continue to treat enrolled members under their care— such as members who are pregnant or receiving services for an ongoing acute condition or an acute episode of a chronic illness, or when similar services are not available in the network—may submit a Continuity of Care Authorization Request to the Medical Management Department. The procedure is described in Section 7, page 9 of the Provider Manual, which is available at www.nhpri.org.



The form may be accessed directly at www.nhpri.org/matrix-arch/documents/PM-02-2009R2-Sec12.pdf9.pdf or by calling Customer Service at 1-800-459-6019.

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.

