

Neighborhood NEWS

5010 Certification

The Centers for Medicaid & Medicare Services (CMS) has provided guidance that they will delay the "enforcement" of the 5010 mandate through March, 2012. Neighborhood Health Plan of RI will continue to support 4010 through March, but are still planning to be 5010 compliant by 12/31/2011. While we will try to certify all transactions for each trading partner by year's end, please identify if you are unable to send/accept 4010 files after 01/01/2012. The Centers for Medicaid & Medicare Services (CMS) has provided guidance that they will delay the "enforcement" of the 5010 mandate through March, 2012. Neighborhood Health Plan of RI will be 5010 compliant by 12/31/2011 but will continue to support the processing of 4010 transaction types until 3/31/12. Please know that we will no longer support the 4010 format after 3/31/2012. Neighborhood will continue to work with each trading partner to determine appropriate transaction type cut over dates.

If you have any questions regarding 5010 testing, please email 5010Certification@nhpri.org



WINTER 2011 - 2012

New Core System Update

Neighborhood went "Live" on its new core system on October 17, 2011. In general, the conversion went well and we are beginning to experience the greater flexibility this new system enables. We expect to continue to fine tune processes and programs during our current "transitional" phase. We appreciate your extra patience and feedback during this time.

We had to make the change to the new system because our previous 15 year-old one was no longer being supported by the software vendor and new federal rules required we become compliant in new processes such as HIPAA 5010 and ICD10.

We sent an update in April which highlighted key changes that are now effective with the implementation of our new system. This letter and all previous correspondence on our new system can be found on our website (www.nhpri.org).

One thing you can do to help us at this time is to quickly validate that your electronic RAs are working when we contact you. We know there are some issues with the reporting order and some explanation codes, but letting us know if you are receiving information is a first step in resolving any issues.

Thank you, again, for your ongoing support and we appreciate your patience as we work together to make this transition a successful one. If you have any questions or concerns about the change to the new system, please contact Neighborhood Customer Service at 401-459-6020 or your Provider Services Specialist at 401-459-6192. You may also email us at newsystemquestions@nhpri.org.

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Treating Substance Use Disorders Carefully Lowers Health Care Costs

By Mack Johnston, M.D., Chief Medical Officer and Loren Sidman, R.N.



There is little doubt that substance abuse is a significant issue for Rhode Island. Recent reports show that RI rates for both past year alcohol and drug dependence have been among the 10 highest in the countryⁱ. RI's unmet treatment needs for alcohol use have been consistently above the national rates for all age groupsⁱⁱ. How to best care for members with substance abuse (SA) disease is a question that Neighborhood is actively working to answer. When individuals with substance use disorders get the treatment they need, inpatient, emergency room and total healthcare costs decline by 39%, 35% and 26% respectivelyⁱⁱⁱ.

Current RI legislation fosters a reliance on high cost ER services to assist members with substance abuse issues; this causes over utilization of the ER and does not meet the clinical needs of many of our members. In 2010 The Providence Center's Closing the Addiction Treatment Gap group and others developed a training program for the Providence Fire Department and emergency medical technicians (EMTs) to identify people who could be diverted from the emergency room (ER) to an alternative treatment facility. The study involved 200 visits (136 unique people), and identified 71 patients with no other complaints besides intoxication. The EMTs evaluated the 71 patients and identified that the patient was intoxicated and did not need emergency services 70 out of 71 times.

Other states have had similar challenges with ER utilization for substance abuse and have developed a continuum to better address people's clinical needs. Neighborhood is committed to working with our state and provider partners to establish a system of care that addresses the SA needs of members inclusive of detoxification, residential, Intensive Outpatient (IOP), sober housing and sober coaches. Our behavioral health providers have built diversionary services which have decreased the reliance on inpatient services for children as well as Crisis Stabilization Units to decrease the reliance on inpatient services for adults. Our future work will include working with our partners to understand the best practices to provide clinically appropriate care in the right settings to assist our members with substance abuse disease.

ⁱ SAMSHA OAS State Report for Rhode Island

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ⁱⁱⁱ Closing the Addiction Treatment Gap Treatment Instead of the Emergency Department: A Medically Appropriate, Cost Effective Alternative Policy Paper

Find CPGs Online at NHRPI.org

Neighborhood has recently updated the Clinical Practice Guidelines for Judicious Use of Antibiotics for Pediatric Upper Respiratory Infections. Neighborhood's guidelines on clinical practice, prenatal care and preventive care are available through our website, www.nhpri.org. To access the guidelines on the website, click on "Providers," then "Clinical Resources." Paper copies of all guidelines are also available upon request.

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 that 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.

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."

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.

Referring Patients for Outpatient Behavioral Health Services

BEACON



HEALTH STRATEGIES

Beacon Health Strategies (Beacon) appreciates that as a primary care provider (PCP), you are likely to provide early assessment, education, and initial treatment for behavioral health (BH) issues your patients may experience. However, when a BH specialist is needed, Beacon's BH network has licensed and credentialed specialists with a wide spectrum of expertise able to address the full array of mental health, addiction, and behavioral conditions.

Once you have identified the need for specialty BH care and discussed with your patient the importance of treatment, your patient may call the 800 number on the back of his/her insurance card to contact Beacon directly, at any time, to obtain a list of qualified providers in their area. Patients may also access our extensive provider network by clicking on the Locate a Provider link on Beacon's website at www.beaconhealthstrategies.com/. **A PCP referral is never required for your Neighborhood patients to meet with a qualified, in-network, BH provider.**

Should you have any questions or need assistance with making an urgent behavioral health appointment on behalf of your patient, please contact us:

24-Hour Clinical Access: Beacon/Neighborhood: 1-800-215-0058

Provider Relations: Provider.Relations@Beaconhs.com 1-781-994-7556

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.



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.



Neighborhood Ranks in Top 10 of Medicaid Health Plans

We are pleased that Neighborhood is once again ranked among the top 10 Medicaid health plans in America according to NCQA's Health Insurance Plan Rankings 2011-12 for Medicaid. We have ranked among the top 10 Medicaid health plans every year since the inception of rankings in 2004 and this year we are #8 out of 99 participating plans (many others do not qualify to be ranked). Our top 10 ranking reflects the dedicated and daily work our provider partners do on behalf of our members.

As we embark on a new year and face significant new challenges, we look forward to working with you in continuing to provide the best possible care for our members.



Thank you!

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.pdf#9 or by calling Customer Service at 1-800-459-6019.

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.

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.



Provider Satisfaction Survey Results Are In

Results of our recent Provider Satisfaction Survey completed in July 2011 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 physicians' practices or patients.

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 May and July 2011 to 880 network providers and 324 office managers, with response rates of 29% and 36% respectively.

The survey results reveal strengths and some areas for improvement:

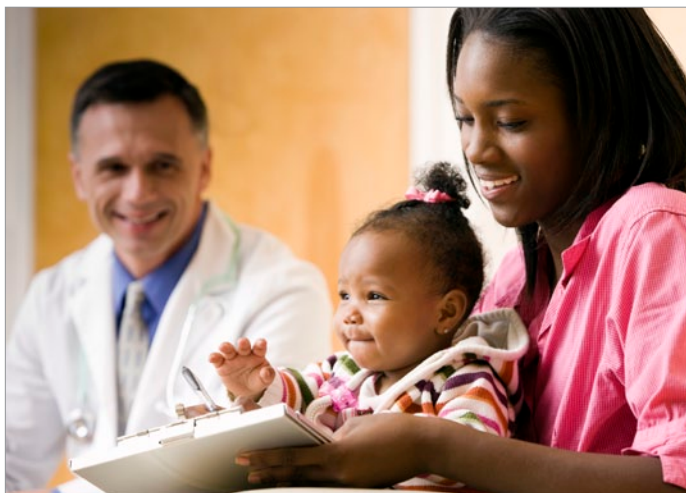
- Satisfaction remains highest (>50%) with the courtesy and helpfulness of the customer service staff, the process of obtaining member information, the responsiveness and courtesy of the provider relations representative, and timeliness to answer questions and/or resolve problems.
- Satisfaction remains lowest (<20%) with the variety of drugs available on the formulary and reimbursement rates.

A number of interventions were implemented during 2010 in response to last year's survey results:

- Contracted with the radiology vendor MedSolutions in May 2010 to improve the management of authorizations

and appeals for high-end radiology services for Neighborhood members.

- Utilization Management (UM) removed authorization requirements for several diagnostic and surgical procedures performed in ambulatory settings which do not require medical review during 2009-2010.
- Provider Services enacted contracting changes with urgent care providers in 2010 to ensure communication of the treatment and physical exam findings via fax to a member's primary care physician (PCP) within 24 hours of an urgent care visit.



- UM listened to the pain management provider community and made the authorization process for pain medication less burdensome while maintaining appropriate utilization management in April 2011.

Additionally, overall provider satisfaction with NaviNet, Neighborhood's claims status inquiry and eligibility verification provider website introduced in 2009, improved significantly from 72.3% to 85.0% as use of the service has increased over time.

Neighborhood's next Provider Satisfaction Survey will be administered in the spring of 2012.