

Neighborhood NEWS

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Matching Contraception Methods 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 visit 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 (e.g., cardiovascular disease; cancer), are important considerations in choosing the type of method that is appropriate for her. And, finally, the patient's comprehension of the mechanisms of action of a contraceptive, the level of personal maintenance 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 (e.g., injectable contraceptives; intrauterine devices) tend to have greater efficacy and lower failure (i.e., pregnancy) 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 understand how to obtain it, especially if they are using a barrier method or a cyclic method of contraception (i.e., the patch or the vaginal ring).

Overall, initiating the discussion regarding which contraceptive would be the best match for a patient 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

Source: Excerpts taken from Baylor CME Presentation: CONTRACEPTIVE COUNSELING: THE PATIENT INTERVIEW - Catherine M. Lynch, MD www.baylorcme.org – June 2007



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Prescription Drug Abuse: Patterns and Solutions

Dr. Tracey Cohen

The growing problem of prescription drug abuse has been gaining attention across the country and within Rhode Island. The misuse of prescription drugs is costly in terms of lives lost and harmed and in terms of health care dollars spent. Cost is incurred when covered medications are abused or sold on the street but even more so when the abuse of prescription drugs leads to addiction, to medical complications, and to preventable emergency room visits and hospital admissions.

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The National Institute on Drug Addiction (NIDA) reports that in 2009 approximately 7 million people were actively abusing prescription drugs. 5.3 million, the majority of this group, were abusing pain relievers. NIDA also found that 1 in 12 high school seniors reported non-medical use of Vicodin, and 1 in 20 reported the same for Oxycontin. Additionally, NIDA identified Oxycontin as the medication most likely to be abused or diverted. In May of 2011 Rhode Island Senator Whitehouse chaired a hearing entitled “Responding to the Prescription Drug Epidemic: Strategies for Reducing Abuse, Misuse, Diversion, and Fraud.” At this hearing it was revealed that drug related poisonings had become the leading cause of unintentional death in 17 states, including Rhode Island.

Given the increasing morbidity and mortality associated with opiate analgesic abuse and the unproven value of high dose opiates in the management of chronic non-cancer pain, Neighborhood reviews utilization of opiate analgesics in our member populations. We have found that opiate analgesics are consistently the most utilized drug class by our costliest members in Rhody Health Partners and Rite Care. We also have discovered a handful of members who were receiving extremely large quantities of daily opiates.

Neighborhood has worked directly with providers and taken multiple steps to assure safer and more appropriate utilization. With the support of our clinical pharmacist and the ratification by our Pharmacy and Therapeutics Committee (P&T), we instituted limits on daily analgesic dosages to evidence-based levels. Our medical directors reached out to specific providers prescribing dosages greater than the new limits and worked out dosage-reducing schedules for affected members. Our case managers also reached out to many of these members to assess the need for additional pain management and/or addiction counseling. Because Oxycontin is the most diverted analgesic and there are less often abused alternatives, Neighborhood also strengthened its prior authorization requirements for Oxycontin.

The results have been overwhelmingly positive. Providers have appreciated the support in managing some challenging patients, and there have been dramatic decreases in our members’ utilization of Oxycontin. Our clinical pharmacist, with input from our medical directors and members of the P&T committee, has created an “Rx-Bullet” regarding the use of Methadone for pain to ensure providers are aware of the necessary precautions to take if choosing to prescribe Methadone. Neighborhood has also been participating with the DHS-created Communities of Care program, which has resulted in decreased narcotic utilization by those members enrolled. Neighborhood will continue its internal work and its collaboration with external partners to curb abuse of prescription medications and to assure safe and appropriate utilization.



ADHD: Medication Management and Follow-Up

From Neighborhood's Behavioral Health Partner, Beacon Health Strategies

Taiese Bingham, MS., PhD; Stephen Feldman, RPh, FASCP

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common chronic conditions in children, with an overall prevalence estimated at 8 to 10 percent of the U.S. pediatric population.



The American Academy of Pediatrics Clinical Practice Guidelines for the treatment of ADHD states the following:

In children who present with inattention, hyperactivity, impulsivity, academic underachievement or behavior problems, clinicians should initiate an evaluation for ADHD.

Once a child is diagnosed with ADHD, clinicians should begin a trial of medication as part of a treatment plan. Selecting a starting dose and times of administration is crucial to a child's medication management plan. Titrate the dose upward every one to three weeks until there is adequate response; maximum dose is achieved; or side effects preclude a further dose increase.

In order to assess for side effects and symptom improvement, initial follow-up should be initiated within one month or less of medication therapy initiation.

Common side effects associated with ADHD medications include:

- Headache
- Insomnia
- Decreases in appetite or weight loss
- Tics
- Emotional lability/ irritability

NCQA's HEDIS 2010 Quality Performance Measurement, Follow-Up Care for Children Prescribed ADHD Medication (ADD), defines recommended follow-up member visit intervals to be:

within 30 days or less from the initial medication dispensing date; and

at least two or more visits with their practitioner during the next nine-month period.

Beacon Health Strategies, Neighborhood's behavioral health partner, promotes increased collaboration and coordination between clinicians and behavioral health specialists for the treatment of ADHD.

Beacon offers the following support to clinicians:

- Beacon's Decision Support line – 1-800-215-0058: A free service available to all physicians seeking consultation and advice about ADHD.
- Clinical tools to assist providers online at beaconhealthstrategies.com. Click on "Providers" and then "Provider tools."

For more information about the ADHD Program or if you have any questions or need any assistance, please feel free to contact Beacon at 1-800-215-0058.

When Neighborhood members need behavioral health help, there's Beacon.

1-800-215-0058



BEACON
HEALTH
STRATEGIES

Strategies for Relieving Flu Vaccine Fears

Neighborhood supports the Rhode Island Department of Health's recommendations regarding who should receive the flu vaccine. Some members seek out the flu vaccine and others willingly accept it when offered. For some members, there is fear of the flu shot, anxiety, avoidance, and resistance. These members need extra help to get the protection they need.

"It made me sick" is a common argument used by members against the flu vaccine. These members are not only expressing a fear about getting sick but they may also be expressing a lack of trust. Taking time to hear



member's concerns and providing education may provide the reassurance and trust to help them try the vaccine again. Discussing other possible causes for the past experience may help. The member's past negative can also be re-focused as a positive sign that the body's immune system functioned appropriately to build resistance to the flu virus. Another strategy is to ask the member to describe their body's response to the flu vaccine and then ask them to imagine how their body would respond to the actual flu virus. Take a moment to educate the member about the severe symptoms of an actual case of "the flu."

Yearly flu vaccination can begin in September, or as soon as vaccine is available because it takes about 2 weeks after vaccination for antibodies to develop and provide protection. The flu season can begin as early as October but it usually peaks in January or February. During the 2010-2011 activity peaked in early February. Vaccinations can be given during the entire flu season which can last through May.

The CDC website has a free downloadable sell sheet called "No More Excuses, You Need a Flu Vaccine" which offers ideas on dispelling myths about the vaccine. Visit www.cdc.gov/flu/freeresources/print.htm

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."

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.



Fraud and Abuse:

Our claims monitoring process

As we are all aware, the topic of health insurance fraud and abuse in government programs is a hot one. Being a steward of the State Medicaid dollars, Neighborhood has a contractual obligation to monitor all suspicions of fraud. While often not intentional, any individual or entity providing health care services and submitting a claim for payment by Neighborhood must be alert to the potential for liability stemming from an inappropriately submitted claim.

While we currently have an active fraud and abuse plan, we are being challenged by both our DHS and CMS partners to look at new and different ways to identify and monitor billing, practice patterns and utilization.

We employ various methods of editing and auditing of all services billed to ensure appropriate claims adjudication. Our software may flag things such as unbundling, up coding, and inappropriate code combinations as potential fraud. An example of abuse, which many billing staff and providers are unaware, is the submission of a duplicate claim in less than 30 days of the initial submission.



Accurate documentation of patient records is crucial to provide the justification necessary to support claims payment. The medical record may be used to validate the site of the service, the medical necessity and appropriateness of the diagnostic and/or therapeutic services provided, and that the services have been reported accurately.

Our history with our providers at Neighborhood shows that investigations often stem from the result of the submission of inappropriately submitted claims and not an intentional commitment of fraud. It is key that each provider and their billing entity are in sync with proper claim submission.

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.



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.

AAP Issued Clinical Report: Treating Head Lice

In July 2010, the American Academy of Pediatrics (AAP) released a clinical report regarding head lice, providing diagnostic information and options for treatment in children. Initial therapy when resistance is not suspected continues to be over the counter (OTC) permethrin 1% (Nix®) or pyrethrins/piperonyl butoxide (Rid®) to be applied on day 0 and 9. If considering a second line agent, the AAP now recommends a more intensive treatment schedule with the first line agents (Nix® & Rid®) consisting of 3 applications: on day 0, 7, and 13-15. Improper application of the agent should be considered if treatment failure occurs.

Both generic OTC products listed above are formulary for Neighborhood members. Malathion is an option if failure of the three treatment cycle occurs. Safety and efficacy of this product has not been shown in children under 6 years old and is contraindicated in those younger than 24 months. Malathion has been withdrawn from the U.S. market twice due to problems related to prolonged application time, flammability and odor as it contains 78% isopropyl alcohol.

An additional second-line options is Ulesfia® (benzyl alcohol) which is not a traditional pediculicide but kills lice by asphyxiation. The quantity necessary for treatment is dependent on the hair length. Lindane is still available but is no longer recommended by the AAP and should be avoided due to CNS toxicity in humans.

The oral antihelmintic agent Stromectol® (ivermectin) has been studied for head lice but is not FDA indicated. It is approved for the treatment of strongyloidiasis and onchocerciasis. Stromectol has been studied and shown to be effective against head lice as a single oral dose of 200-400 µg /kg repeated in 10 days. Patients must weigh more than 15kg. The second-line agents (Malathion, Ulesfia®, Stromectol® and Lindane) are non-formulary and require prior authorization.

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.

Using the criteria as guidelines, Neighborhood 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. 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 or contact Peter Vargas, Neighborhood's Director of Pharmacy Programs, at 1-401-459-6152.

