

SUMMER 2005

PROVIDER NEWS

Are Your Patients Doing a Skin Self-Exam?

According to experts, skin cancers are almost always curable if found and treated in the earliest stages. Encouraging patients to perform a skin self-exam every month could help with early detection and stop a skin cancer from growing.

WHAT TO LOOK FOR

Teach your patients to look for the "ABCDs" of malignant melanoma when they are examining moles:

- Asymmetrical shape
- Borders that are irregular, uneven or ragged
- Color that varies from one area of the same mole to another
- Diameter of the mole is larger than six millimeters

HOW TO PERFORM A SKIN CHECK

Share with your patients these tips on how to examine their skin:

- Stand in front of a wall mirror in a well-lit room, just after a shower or bath.
- Examine the face, neck, chest, arms, hands, stomach and genital area.
- Use a hand mirror to better see the buttocks and upper back in the full mirror reflection.
- Sit down to examine legs, the tops and soles of the feet and between toes. Use the hand mirror to check the backs of the legs.

Regular skin exams performed by a dermatologist are important, too. You should work with patients to decide how often they should be checked based on family history and other personal risk factors. ●



New Asthma Education Benefit! See page 6 for details.

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FIND US ONLINE AT: WWW.NHPRI.ORG



PROVIDER NEWS

IMPROVED ACCESS TO OUR PROVIDER MANUAL

Neighborhood Health Plan of Rhode Island has revised its Provider Manual. The revised manual is now available on our new website at www.nhpri.org. The Provider Manual is an important reference for our practitioners and their staff. The new website version includes the following features:

- An updated Essential Telephone Number Directory.
- Page numbers and unique form numbers to improve referencing.
- Forms available as links within the document to help you and your staff find needed forms quickly.
- Minor language changes to reflect NCOA requirements.

Our Communications Department coordinates Provider Manual updates, and revisions will be posted to our website on a regular basis. For more information about the revised Provider Manual or the new website, visit www.nhpri.org.



Patient Safety: When Our System Permits Harm

L. McTyeire Johnston, MD, Interim Chief Medical Officer

“Every day, tens if not hundreds of thousand of errors occur in the health care system.”¹

Patient safety can be defined as “the prevention of harm to patients.” This harm may arise from errors of either omission or commission. To date, patient safety efforts have focused on the inpatient setting, most notably through adoption of medication safety programs. Driving forces behind these programs include the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Institute for Healthcare Improvement (IHI), the National Patient Safety Foundation (NPSF) and the Agency for Healthcare Research and Quality (AHRQ).

In the outpatient setting, medication review and reconciliation presents an opportunity for the prevention of adverse medical events at all transition points in patient care. IHI reports that poor communication of medical information at transition points in care is responsible for as many as 50 percent of all medication errors and up to 20 percent of adverse drug events in the hospital. These findings emphasize the importance of an accurate and current account of medications for each patient.

Multiple settings of care, multiple providers of care, the absence of a complete medical record and patients’ knowledge and communication deficits regarding the type, dose and spectrum of medications (over-the-counter, prescription and supplemental) are some of the reasons for adverse events.

“Better management of health information is a prerequisite to achieving patient safety as a standard of care.”²

A recognized strategy within the health-care industry to ensure safe medication



practices is a “Medication Brown Bag Review.” NHPRI is excited to note that at least two of our high-volume primary care sites have adopted this approach. The premise is simple, yet has the potential to yield important results. Patients are encouraged to place all their medicines, including prescription medications, OTC medications, herbs and supplements in a brown bag and bring them to an appointment for review with their doctor.

In the near future, NHPRI will initiate a program to identify members who are taking multiple prescriptions. The goal is to ensure safe medication practices for members and to prevent adverse medication events. We will inform each member’s primary care physician of the volume of medications being taken, and recommend that they consider conducting a “Medication Brown Bag Review.” If your practice has implemented a similar program or has feedback, comments or suggestions about NHPRI’s upcoming initiative, please contact me at mjohnston@nhpri.org. We look forward to working with you to impart the importance of medication safety among our members, your patients.

L. McTyeire Johnston MD

1. Institute of Medicine, *Patient Safety: Achieving A New Standard For Care*, The National Academies Press, Washington, DC; 2004.

2. *ibid*

Benefit Updates

Please note the following updates and clarifications to the NHPRI benefit package:

WIGS

Wigs are a covered benefit for significant hair loss due to a medical condition, such as alopecia or chemotherapy. **Prior authorization is required** and medical necessity will be reviewed and determined on a case-by-case basis. Non-network providers will be utilized and reimbursed, also on a case-by-case basis.

PRESERVATIVE-FREE TD VACCINE

Effective April 1, 2005, NHPRI reimburses its providers for the use of this new preservative-free Td vaccine. Use code 90714 to bill for the cost of the vaccine. Since the Rhode Island Department of Health supplies the vaccine for children, NHPRI will provide reimbursement only for our members that are more than 18 years old. Use code 90471 for the administration of the vaccine or, for children 8 years old and younger, code 90465 can also be used.

PODIATRY OFFICE VISITS

Effective July 15, 2005, NHPRI will no longer require prior authorization for reimbursement for podiatry office visits. This change will eliminate the need for your office to fax or call requests for authorization to the Care Management Department. The benefit guidelines include routine podiatry care for members with:

- diabetes, peripheral vascular disease, or significant loss of sensation in the feet and foot care is medically necessary to prevent serious infections
- a prolonged (six weeks or more) low white blood cell count as a result of chemotherapy, acute lymphatic leukemia or aplastic anemia
- lymphatic obstruction in the groin
- infected ingrown toenails
- pediatric gait disturbances.

In the absence of a medical condition listed above, the cutting or trimming of nails and callous tissue, removal of corns, calluses and hygienic care are not covered. Additionally, the surgical services that will continue to require authorizations are surgical services from the ankle down, i.e., bunionectomies, plantar wart removals and hammertoe repairs.

PAIN MANAGEMENT

NHPRI allows three (3) steroid injections in a 6-month period for pain management by anesthesiologists **with prior authorization** by NHPRI. Administration of more than 3 injections requires **prior authorization and adherence to the following criteria:**

- Documentation of effectiveness of previous injections
- Documentation of other treatment modalities and their effectiveness (may include physical and/or occupational therapies, neurological consult, behavioral health consult, medication management, etc.)
- Injections to a different treatment site

Note: NHPRI's Physician Advisor will review any requests that do not adhere to the criteria listed above.

Please contact your Provider Relations Representative at **1-401-459-6030** if you would like further information on any of these items.



HELP PREVENT LEAD POISONING

The Rhode Island Department of Health (HEALTH) recommends that every child in the state have a blood test for lead levels by the age of one year and a test at least once a year after that until age six. If above-normal lead levels are found, the child's physician will be notified and the child will get whatever help and treatment is needed from the Health Department and from special lead centers in Rhode Island.

NHPRI works closely with HEALTH to ensure all our pediatric members are tested for lead. NHPRI takes the following actions to assist providers in making sure children receive lead testing:

- A special birthday card is sent when a child turns one to remind the family to get the child tested for lead.
- Primary care provider sites receive a list quarterly of their two-year-old patients who are NHPRI members and have no claims in our system for a lead test. This reporting will resume in summer 2005.

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Summer 2005 Pharmacy Changes* Approved by NHPRI’s Pharmacy and Therapeutics Committee—As Of April 27, 2005

*Pharmacy changes within the last 12 months.

MEDICATIONS MODIFIED OR ADDED	COMMENTS
Accupril	There will be no restrictions on this product.
Actos	Previous STEP THERAPY EDIT removed.
Adderall XR	Previous AGE EDIT removed.
Avandamet	There will be no restrictions on this product.
Avandia	Previous STEP THERAPY EDIT removed.
Campral	There will be no restrictions on this product.
Concerta	Previous AGE EDIT removed. QUANTITY LIMIT of 60 tablets per 30 days will be allowable for the 36mg strength.
Epzicom	There will be no restrictions on this product.
Flovent HFA	There will be no restrictions on this product.
Glucophage XR	There will be no restrictions on this product.
Glucovance	There will be no restrictions on this product.
Lantus	Previous STEP THERAPY EDIT removed.
Lofibra	There will be no restrictions on this product.
Metadate CD	Previous AGE EDIT removed.
Miralax	Previous STEP THERAPY EDIT removed.
Paxil CR	Not covered for ages <18. New STEP THERAPY EDIT. Prior trial of citalopram, fluoxetine, or paroxetine IR (Not covered for ages <18) in the past 90 days required.
Ranitidine capsules and tablets (prescription-only version)	OTC Zantac 150mg tablets preferred.
Ritalin LA	Previous AGE EDIT removed.
Singulair	Covered for asthma only. Previous STEP THERAPY EDIT increased to look back 6 months for asthma medications. Oral corticosteroids will not be qualifiers.
Spiriva	There will be no restrictions on this product.
Strattera	Previous STEP THERAPY EDIT and AGE EDIT removed.
Tricor	There will be no restrictions on this product.
Truvada	There will be no restrictions on this product.
Vytorin	There will be no restrictions on this product.
Zoloft	New STEP THERAPY EDIT. Prior trial of citalopram, fluoxetine, or paroxetine IR (Not covered for ages <18) in the past 90 days required.

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■ Information about lead poisoning is mailed to the family of every two-year-old child who shows no evidence of a lead test in the above report.

For more information on this NHPRI lead testing initiative, please contact Erin McCombs at **1-401-459-6037**.

Provider sites can also track lead testing in their pediatric population through use of KIDSNET, Rhode Island’s integrated information system for the collection and appropriate use of children’s health data in order to provide timely preventive health services and follow-up. The KIDSNET system has data on approximately 135,000 children born in Rhode Island since January 1997. If you are a pediatric practitioner participating in KIDSNET and you use the Web-enabled application, you can generate a monthly report of children in the practice who have not yet had a lead screening test. Lead test data in KIDSNET comes directly from the Rhode Island Department of Health database of all lead tests done in the state. This report can be used to ensure that pediatric patients in each practice are up-to-date in lead screening.



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Summer 2005 Pharmacy Changes* Approved by NHPRI's Pharmacy and Therapeutics Committee—As Of April 27, 2005

*Pharmacy changes within the last 12 months.

MEDICATIONS REMOVED	PREFERRED MEDICATIONS
Bextra	Generic NSAIDs
Celebrex	Generic NSAIDs
Lexapro	Formulary SSRIs: citalopram, fluoxetine, or paroxetine IR (Not covered for ages <18)
Lifescan (One Touch) diabetic supplies	Roche's (Accu-Chek) diabetic supplies Ex. Accu-Chek "Active" meter and test strips; SoftClix lancets
Lunelle	Formulary hormonal contraceptives including Depo-Provera and Ortho Evra
Preven	Plan B
Vioxx	Generic NSAIDs
MISCELLANEOUS	
Generics are mandatory.	
Infertility medications are not covered for Rlte Care.	
Medications used cosmetically are not covered.	
Formulary OTCs covered for Rlte Care.	
Does your patient need an extra asthma inhaler for school or day care? If so, please call the Pharmacy Help Desk at 1-401-459-6688 for a pharmacy authorization.	
Prescriptions written for amphetamine sulfate, dextro amphetamine sulfate, methamphetamine hydrochloride, methylphenidate and amphetamine mixtures, may be written for up to a sixty- (60-) day supply with a maximum of two hundred fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.	

BILLING PRACTICE REMINDER

Practitioners are reminded you cannot bill or balance bill members. In signing your contract with Neighborhood Health Plan of Rhode Island (NHPRI), you agree to accept the established fee schedule. To clarify any billing issue that may arise, contact your Provider Relations Representative or NHPRI's Delivery System Development Department directly at **1-401-459-6030**.



For our complete e-Formulary, please visit www.nhpri.org.

NHPRI Providers Are Key to Helping “Beat Asthma”



At Neighborhood Health Plan of Rhode Island, one of our quality improvement priorities is to help members with asthma manage their condition. As our providers, you are essential to achieve this goal. That’s why we encourage providers to develop individualized treatment plans for their patients.

“We pay close attention to the national standards of care for people with asthma,” said Dorothy Erickson, MD, Disease Management Coordinator for NHPRI. “We know from these standards that taking a history is often not enough to identify possible asthma triggers. Current guidelines recommend allergy skin testing for perennial indoor allergens in patients with persistent asthma who take daily medication.”

THE SIGNIFICANCE OF SKIN TESTING

Skin testing has become an important piece to solve the puzzle for people with uncontrolled asthma, Dr. Erickson said. Such tests can be especially valuable to identify which indoor allergens may be triggering asthma flare-ups. They also can help guide providers to develop at-home interventions for the patient, such as reducing mold or exposure to pets. “We encourage providers to refer their patients with persistent asthma to an allergist, who can perform these tests,” Erickson said. “Having a positive skin test for an indoor allergen, such as animal dander, can help convince patients that they need to take action,” she added.

In addition to referring asthma patients for skin testing, Dr. Erickson asks providers to remind asthma patients about the importance of reducing their exposure to tobacco smoke and receiving flu vaccines every fall.

OUR COMMITMENT TO BEATING ASTHMA

Besides keeping up with the latest asthma guidelines, NHPRI also is exploring promising initiatives of its own; nationally recognized “Beating Asthma” is a prime example. In this program, trained health advocates meet asthma patients in their homes to provide asthma education, identify possible allergy triggers and work with patients to reduce them. They also provide allergen-reducing mattress and pillow covers. The Beating Asthma project currently enrolls members who get their health care at Thundermist Health Center of Woonsocket, Blackstone Valley Community Healthcare sites and Memorial Hospital of Rhode Island Family Care Center and Pediatric Clinic.

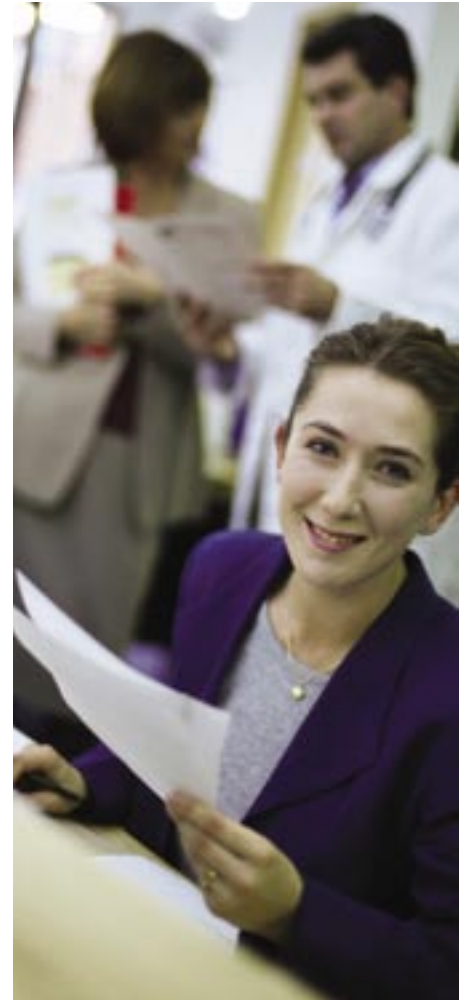
Even if your pediatric patients with asthma and their families are not eligible for the pilot program, they can receive free mattress and pillow covers if they attend the “Draw a Breath” asthma education program at Hasbro Children’s Hospital. NHPRI is the only health plan in the state to offer this benefit to its members. ●

NEW ASTHMA EDUCATION BENEFIT FOR NHPRI MEMBERS!

Beginning July 2005, NHPRI will cover the cost of asthma outpatient education provided to an NHPRI member or family by a certified asthma educator who is credentialed with NHPRI. Call Dorothy Erickson at **1-401-459-6127** for more information.

Certified asthma educators (AE-C®) are licensed healthcare professionals who have successfully passed a rigorous national examination. Go to www.naecb.org for information on becoming a certified asthma educator.

Screening Aids for Substance Abuse



Identifying those at risk for substance abuse is an ongoing challenge. Most often, substance abusers do not seek treatment on their own due to the stigma and shame associated with alcohol and substance use disorders. The data on identification of alcohol and substance use problems suggests that primary care and behavioral health practitioners do not routinely screen for substance abuse. The primary reasons include lack of knowledge of signs and symptoms, lack of time, and patient, as well as practitioner, denial of an alcohol or substance use problem.

Early intervention strategies can still be effective, particularly in the primary care setting. Individuals with alcohol and/or substance use problems may not seek treatment for the problem, yet will attend an appointment with a primary care provider for some type of medical evaluation or treatment. The American Society of Addiction Medicine (ASAM) estimates that more than two-thirds of people with alcohol or substance abuse

problems see a primary care or urgent care physician every six months. This gives physicians a unique opportunity to recognize, diagnose and intervene in cases where alcohol or substance use may be affecting their patients' lives.

Routine screening by primary care and mental health practitioners has been shown to be an effective tool in identifying individuals at risk for alcohol and substance abuse or dependence. Studies in the *Journal of General Internal Medicine* support the efficacy of screening and brief intervention in a variety of settings.

Valid screening tools are available. Two widely used screening tools are the CAGE questionnaire for adults and the CRAFFT survey for adolescents. The original CAGE, developed for alcohol screening, has been modified to include questions about other substance use as well. Using these tools prior to asking patients about the quantity and frequency of their alcohol or drug use can eliminate the negative connotations and resistance that frequently occur when patients are asked to quantify their use.

CAGE* (to screen patients 19 years and older):

Have you ever felt you should **C**ut down on your drinking or drug use?

Have people **A**nnoyed you by criticizing your drinking or drug use?

Have you ever felt bad or **G**uilty about your drinking or drug use?

Have you ever had a drink or drug first thing in the morning to "steady your nerves" or get rid of a hangover (**E**ye opener)?

CRAFFT* (to screen 18 years and younger):

Have you ever ridden in a **C**ar driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

Do you use alcohol or drugs to **R**elax, feel better about yourself or fit in?

Do you ever use alcohol or drugs while you are by yourself, **A**lone?

Do you ever **F**orget things you did while using alcohol or drugs?

Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?

Have you ever gotten into **T**rouble while you were using alcohol or drugs?

If a patient answers yes to one or more of the questions above, it may be a sign of a problem. To better understand how providers may assist members in the treatment of alcohol or substance abuse (which may include a referral to a provider who specializes in the treatment of substance abuse), you are encouraged to contact Beacon Behavioral Health at **1-800-215-0058** or visit **beaconhealthstrategies.com**.

*© Children's Hospital Boston, 2001, reproduced with permission from the Center for Adolescent Substance Abuse Research, Children's Hospital Boston. For more information, contact info@craftt.org or visit www.craftt.org.

Claims Corner: Did You Know?

- Auto Audit Edits that require submission of medical documentation for reconsideration should be faxed to the Claims Quality Department at **1-401-459-6146**. A cover sheet, the claim, a Remittance Advice form and all supporting documents are needed for reconsideration.
- NHPRI recognizes unlisted codes only if an appropriate CPT code does not exist for the procedure. When submitting a claim with an unlisted CPT code, include the operative report along with a reasonable description of the procedure and a comparison to another similar procedure. Fax all this information to the attention of the Claims Quality Department at **1-401-459-6146**.
- Corrected claims may also be submitted

via fax at **1-401-459-6146**. Please identify the claim as “CORRECTED,” and be sure to include a cover sheet along with a contact name and telephone number.

■ **Effective August 15, 2005, claims will be denied if Box 32 on the CMS 1500 form is not completed to reflect the address where services are rendered.**

The name and address where services are rendered need to be identified, so please be sure to include this information on electronic submissions as well.

■ When NHPRI is the secondary payor under Coordination of Benefits, please refer to Sections 3 and 5 of the Provider Manual, which can be accessed directly on our website at www.nhpri.org. ●

Emergency Room Care Coordination

Neighborhood Health Plan of Rhode Island's Medical Management Department conducts outreach to those members who are at the greatest risk of deteriorating clinically and incurring high health care costs within the near term (usually the upcoming year).

Our primary high-risk outreach initiative focuses on members with frequent ER utilization. We generate a monthly list of all members age 0-1 and 50+ who have had two or more ER visits in a three-month rolling period. We also contact members age 1-49 who have had three or more ER visits in a three-month rolling period.

NHPRI's Nurse Case Manager conducts specific phone outreach screenings to provide ER usage education and other care coordination interventions. These include encouraging patient/PCP rapport, facilitating transportation issues and setting up physician appointments. NHPRI hopes this outreach will lead to improved member access to primary care and an eventual decrease in those ER visits that could be managed through primary care.



The Nurse Case Manager collaborates with the primary care provider and encourages member referrals. For more information about our ER Care Coordination Program, or to refer a member who might benefit from ER usage education, contact Deb Durning, RN, at **1-401-459-6178**. ●

PRACTITIONER SATISFACTION SURVEY 2004

NHPRI conducts an annual practitioner satisfaction survey. The purpose of the survey is to:

- measure provider satisfaction with new initiatives and existing procedures
- examine organizational opportunities for improvement
- support and maintain those services where practitioner satisfaction is high
- consider modifications to processes identified as having low satisfaction.

Based on results from the 2004 survey, we learned:

- satisfaction with our Provider Relations, Member Services, and Case Management staff continues to be high
- ninety percent of medical directors and 92 percent of office managers express overall satisfaction with NHPRI
- though increased satisfaction was measured from 2003 to 2004, survey respondents continue to point to the quality and frequency of information received from home health agencies, urgent care centers and hospitals as areas for improvement.

We appreciate the valuable time you take to provide us with even more valuable input. The 2005 Practitioner Satisfaction Survey will be sent to your office soon—we hope that you will once again complete our survey this year. Please contact the Provider Relations Department at **1-401-459-6030** with any questions or comments.

Keep Eye Exams for Diabetic Patients “In Sight”

The Diabetes Program at NHPRI aims to help members with diabetes achieve and maintain good health. NHPRI has implemented member and provider outreach strategies to meet the objectives of this program. Strategies include diabetes case management services, quarterly site-specific reports detailing patient claims (indicating adherence to guidelines for diabetes care) and member educational materials that detail the importance of health management, appropriate nutrition, HbA1c testing and dilated retinal eye exams.

Diabetic retinopathy annually causes tens of thousands of new cases of blindness. NHPRI’s Clinical Practice Guideline for Diabetes Care recommends annual retinopathy screening to prevent unfavorable health outcomes. Our HEDIS® 2004 performance for dilated retinal eye exams was 54 percent. Performance improvement for this measure relies on open communication and three-way collaboration between each patient, his/her PCP and the eye care specialist.

KEEPING COMMUNICATION OPEN

Dr. Chris Campanile, a practicing physician at Hillside Avenue Family and Community Medicine and the Chair and System Leader of the Rhode Island Chronic Care Collaborative, has been using a communication form to obtain follow-up eye exam information from area specialists who see patients from his practice. “Since recommended eye exams for diabetes patients require the care of an eye care specialist, communication between

the patient’s PCP and eye care provider is essential,” Campanile said. He added that the fax communication form currently in use at his clinic has significantly improved the percentage of diabetic patients who have documented eye exams. Campanile is hopeful that in the near future, electronic communication systems, such as the Master Patient Index currently being constructed in Rhode Island, will eliminate the need for faxing information between PCPs and specialists.

In recognition of the success Hillside and several local practices have had using an information form to ensure appropriate communication of dilated eye exams, NHPRI has created a fax form to facilitate use of this important standard of care for diabetic members. The form is not health plan-specific and can be used for your entire patient population. Visit our website at www.nhpri.org/Providers/ProviderManual/Section12 to obtain a copy of this form.

NEW AND IMPROVED QUARTERLY REPORTS

For each member who has had a dilated retinal eye exam in the past 12 months, NHPRI will now list on its quarterly reports the name of the eye doctor who submitted the claim for the eye exam. NHPRI is piloting this initiative in an effort to help you improve continuity of care for our members with diabetes. Please call Dorothy Erickson at 1-401-459-6127 with any comments or questions about this project. ●



NEW NEIGHBORHOOD WEBSITE

NHPRI has updated the design and content of its website. Providers and office staff can now find even more helpful information, including claims procedures, clinical tool kits and necessary forms and applications. Be sure to visit us today at www.nhpri.org.



Neighborhood News

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