

WINTER 2006

PROVIDER NEWS

Optima Offers New, Enhanced Plan for Seniors and Adults with Disabilities

In partnership with Blue Cross and Blue Shield of Rhode Island (BCBSRI), Neighborhood Health Plan of Rhode Island (NHPRI) is pleased to offer enhanced health care services for dual-eligible seniors and adults with disabilities through BlueCHiP for Medicare Optima. Dual eligibles are individuals eligible for Medicare and Medicaid coverage.

"We want to make getting health care easier for dual-eligible individuals by coordinating their Medicare and Medicaid benefits, helping them stay healthier longer," said Beth Ann Marootian, director of business development at NHPRI.

EXPERT CARE COORDINATION, NO ADDITIONAL COST

BlueCHiP for Medicare Optima, effective January 1, 2006, and currently accepting enrollees, draws on NHPRI's extensive care coordination experience while giving dual-eligible seniors the advantage of BCBSRI's broad provider network.

NHPRI care managers will help members develop and achieve health care improvement goals, make appointments, coordinate home health services, find transportation to providers and much more. Members will have access to every hospital and most doctors in Rhode Island. They also will receive benefits not included in traditional Medicare such as dental and vision—all with no monthly premiums or deductibles.

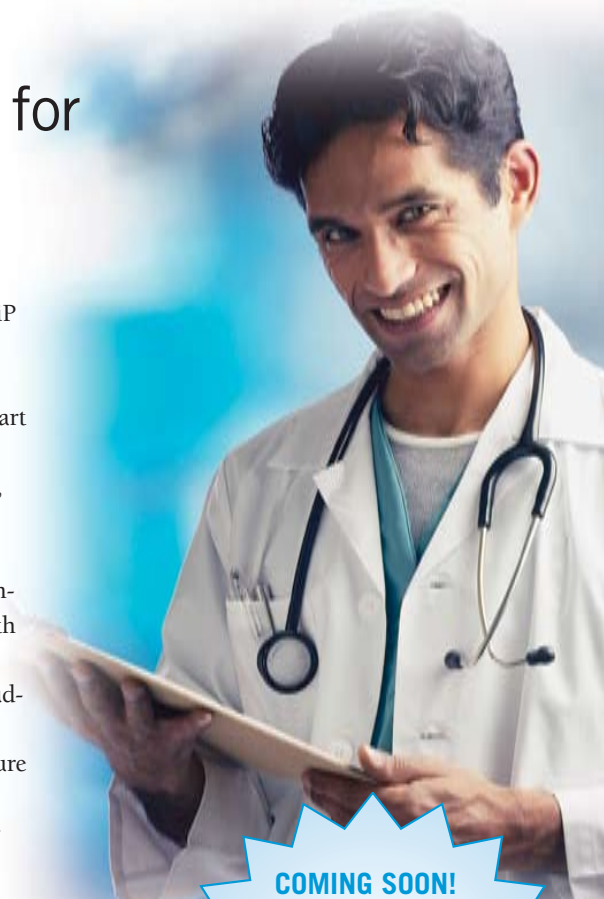
EXTRAS COME STANDARD

A broad formulary is included in BlueCHiP for Medicare Optima. "The prescription feature eliminates the need for seniors to choose from among the many Medicare Part D options," said Marootian.

In addition, members enjoy dental care, hearing aid and eyeglass benefits. Also included is Living Fit, a program that lets seniors take free fitness classes at local community centers or join a participating health club for \$10 per month.

Mark Reynolds, CEO of NHPRI, concluded, "BlueCHiP for Medicare Optima helps NHPRI further its primary mission: to ensure all citizens in Rhode Island receive quality health care, regardless of social, cultural or economic barriers that may exist." ●

**FOR MORE INFORMATION ON
BLUECHIP FOR MEDICARE OPTIMA,
CONTACT NHPRI'S BETH ANN
MAROOTIAN AT (401) 459-6148.**



COMING SOON!
Electronic claims submission through Emdeon (formerly WebMD). Watch for an update in the spring issue.

On the Inside:

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PROVIDER NEWS

ACCESS TO CARE SURVEY 2005

Neighborhood Health Plan of Rhode Island (NHPRI) conducted the 2005 Access to Care Survey at 81 primary care sites. The survey assesses NHPRI members' access to primary care, including urgent care, nonurgent symptomatic care, routine care, physical exams and access for new plan members.

Of the sites surveyed, all sites met the standard for access to nonurgent, symptomatic care, care for a new plan member without a primary care practitioner (PCP) and access to routine physical examinations. Only one site surveyed exceeded the standard for access to routine care (the standard was exceeded by one day).

The survey concluded that NHPRI's PCP sites provide excellent access to routine care. However, 76 percent of the sites surveyed demonstrated opportunities for improvement in access to urgent care (care within 24 hours). NHPRI will continue to work with sites to address access issues and encourage open access practices.



Working Together to Deliver Culturally Appropriate Health Care Services

L. McTyeire Johnston, MD, Interim Chief Medical Officer

As the state of Rhode Island's patient population becomes more diverse, our provider community is presented with the challenges and opportunities inherent in providing culturally competent care and services. Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural and linguistic needs of patients.¹ As can be expected, culture and language bear strong influence on patient experiences in the health care system, particularly:

- how illness, disease and their causes are perceived
- the behaviors of patients and consumers seeking health care and their attitude or ability to develop a relationship with their physician
- the patient's health, healing and wellness belief systems.²

Historically, NHPRI has welcomed the opportunity to collaborate with community partners in programs and initiatives designed to reengineer the delivery of health services, with attention and focus on the role that language and culture play in achieving positive health outcomes.

These initiatives, including the Su Salud Hablamos Juntos program, the Beating Asthma program and most recently the

Teach with Stories prenatal program, attempt to eliminate some of the barriers encountered by non-English speaking patients or patients with limited English proficiency.

Responsiveness to the needs of culturally diverse patients is critical for eliminating the racial and ethnic health disparities inherent in our system. Heightened awareness of the need for culturally competent health care delivery has led to the development of useful resources for physician practices and health care organizations, available through organizations including the National Center for Cultural Competence (gucchd.georgetown.edu/nccc) and the Center for Linguistic and Cultural Competence in Health Care (www.omhrc.gov/cultural/).

Improvement in delivering linguistic and culturally supportive services will require collaboration and partnership with our provider network to address these current challenges. NHPRI welcomes your input as we strive to achieve what has become a local and national health objective to deliver high quality, safe and culturally competent health care services.

L. McTyeire Johnston MD

1. Betancourt, J.R., Green A.R., et al Carrillo, J.E. 2002. *Cultural competence in health care: Emerging frameworks and practical approaches*. New York: The Commonwealth Fund.

2. The Center for Linguistic and Cultural Competence in Health Care (www.omhrc.gov/cultural/).

did you know?

- Rhode Island has the worst Latino child poverty in the nation.
- Nearly one-third of NHPRI members speak a language other than English as their primary language.
- The average reading level of RIte Care members is 5th grade.

Detecting and Responding to Domestic Violence



According to researchers seeking to determine the prevalence of domestic violence and its impact on the health care system, up to 35 percent of women seeking care for any reason in emergency departments are there because of injury or illness related to ongoing abuse (U.S. Surgeon General). In addition, a study of women seeking care in one family practice clinic found that 23 percent of those patients had been physically assaulted by their partners

within the past year (Hamberger, Saunders and Hovey, 1992).

Health care providers may be the first and only people in whom a victim of domestic violence will confide. Knowing how to respond appropriately to support a victim and help her or him access services can make a huge difference.

Victims of abuse can present in a health care setting with either acute or non-acute complaints. Acute presentations can include fractures, lacerations, contusions, gunshot wounds, burns, bruises or abrasions. Non-acute injuries may manifest themselves in the form of complaints for chronic pain, anxiety disorders or depression, chronic headaches, fatigue, dizziness, or sleep, mood or appetite disturbances.

Abuse happens in all types of relationships, and can happen to people of any age, race, socioeconomic status or sexual orientation. However, the following risk factors may place a patient at increased risk:

- young female, age 17 to 34
- single or separated
- pregnant
- low-income
- substance user or abuser

Behavioral clues indicative of abuse include the following:

- The patient may appear frightened or ashamed about the injuries.
- The partner may accompany the patient and answer all your questions.
- The patient may be reluctant to speak or disagree in front of the partner. ●

HELP VICTIMS ACCESS RESOURCES

There are six specialized domestic violence agencies in Rhode Island that provide confidential shelter, support groups, crisis intervention, legal advocacy and children's services for domestic abuse victims:

Blackstone Valley Advocacy Center
723-3057

Domestic Violence Resource Center of South County
782-3990

Elizabeth Buffum Chace Center
738-1700

Sojourner House
658-4334

Women's Center of Rhode Island
861-2760

Women's Resource Center of Newport and Bristol
847-2533

The statewide Helpline, **1-800-494-8100**, is available 24 hours a day to provide confidential information, support, referrals and advocacy. Advocates are available to accompany victims of abuse to emergency rooms in hospitals statewide, or to police departments.

Member Rights and Responsibilities

We support the rights of members of NHPRI and want them to receive high quality care and service. Please be aware of members' rights and assist them with their responsibilities.

RIGHTS OF A MEMBER

- The right to receive information about NHPRI, its services, practitioners and providers, and members' rights and responsibilities.
- The right to be treated with respect and recognition of their dignity and right to privacy.
- The right to participate with practitioners in decision making regarding their health care.
- The right to privacy of all records and communications to the extent required by law. (NHPRI employees follow a strict confidentiality policy regarding all member information.)
- The right to respectful, personal attention without regard to their race, national origin, gender, age, sexual orientation, religious affiliation, or preexisting conditions.
- The right to obtain a second medical opinion for medical and surgical concerns.
- The right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- The right to voice complaints or appeals about NHPRI or the care provided by its practitioners.
- The right to make recommendations about NHPRI's Member Rights and Responsibilities policies.



RESPONSIBILITIES OF A MEMBER

When members enroll with NHPRI, they agree to the following:

- To choose a PCP and primary care site. Their PCP will coordinate all of their medical care. They may change their PCP at any time by calling Member Services at 1-800-459-6019.
- To have all of their medical care provided by an NHPRI participating doctor.
- To carry their NHPRI Identification Card with them and show it whenever they seek medical care.
- To provide, to the extent possible, information that NHPRI and its practitioners and providers need to care for them.
- To learn about their health problems and help plan treatment they and their PCP agree on.
- To follow the plans and instructions for care that they have agreed on with their practitioners.
- To talk with their PCP about all specialty care. If they need a specialist, their PCP will work with them to make sure they get quality care.
- To call their PCP first for help if they have an urgent medical condition. If an emergency is life threatening, they should immediately go to the nearest emergency room or call 911. They (or a friend or relative) should contact their PCP the next day.
- To let NHPRI know about changes to their name, home address, telephone number, marital status, number of dependents, or if they have other insurance coverage. If you have any questions, call Customer Service at **1-800-459-6019**. ●

To view up-to-date pharmacy changes approved by NHPRI's Pharmacy and Therapeutics Committee, please visit our website at www.nhpri.org, then follow the links "For Providers" and "Pharmacy Info."

Quality Management Program Helps Our Members Get Great Care

The goal of the Quality Management Program is to assure that Neighborhood Health Plan of Rhode Island's (NHPRI) members have access to high quality, safe health care services responsive to their needs. Its activities are organized around routine quality reporting, management of complaints, peer review, specially designed quality studies and general development, institution and evaluation of quality improvement plans.

ORGANIZATIONAL STRUCTURE

The NHPRI Quality Management Program is a systematic approach to the assessment and improvement of the plan's services. Under the discretion of the Board of Directors of NHPRI, the Office of the Chief Medical Officer is responsible for administering the various quality activities that comprise the Quality Management Program.

PROGRAM FUNCTIONS

- Provide the organization with an annual Quality Management Program Description, Quality Management Work Plan and Quality Management Annual Evaluation.

- Coordinate the collection, analysis and reporting of the data used in monitoring and evaluating care, including quality, utilization, credentialing and member service functions delegated to associated organizations.
- Identify opportunities to improve care and develop quality improvement interventions.
- Identify and address instances of substandard care.
- Track the implementation of quality improvement interventions.
- Evaluate their effectiveness at improving care and services.
- Ensure that all potential breaches in patient safety are investigated and acted upon. ●

To obtain more information detailing the objectives and progress of quality management initiatives undertaken in 2005, please call NHPRI at (401) 459-6000. The 2005 Quality Management Program Annual Evaluation also will be available upon request in May 2006.

MEDICAL MANAGEMENT ACCESSIBILITY

NHPRI is accessible to members and practitioners during normal business and nonbusiness hours for communications regarding authorization requests and utilization management issues. Our telephone answering system and fax line are available 24 hours a day, seven days a week for practitioner communications, notification of inpatient admissions and other services requiring prior authorization. Messages left on the telephone answering system and nurse-directed voice mail messages are retrieved at the start of the next business day.

NHPRI provides authorization for urgent medically necessary covered services prior to the next business day as long as notification is sent to NHPRI prior to rendering the service. Physician advisors are available to discuss medical and behavioral health denials with ordering practitioners.

**Medical Management direct line:
(401) 459-6060**

**Toll free line:
1-800-963-1001**

**Fax authorizations to:
(401) 459-6023**



NHPRI WORKS WITH PROVIDERS TO DELIVER COORDINATED, CONTINUOUS CARE

NHPRI recognizes the importance of our members' established relationships with both participating and nonparticipating practitioners. NHPRI will, on a case-by-case basis, authorize services to preserve an ongoing clinical relationship with a nonparticipating practitioner or recently terminated practitioner for reasons including but not limited to:

- NHPRI members currently receiving active treatment for an acute medical condition or an acute episode of a chronic illness
- NHPRI members currently in their second or third trimester of pregnancy
- children with special health care needs who are unable to be transitioned to a practitioner with comparable or greater expertise.

Please contact our Medical Management Department at **(401) 459-6060** to request authorization for the provision of services to NHPRI members whom you believe would qualify. You may also complete the Continuity of Care Request Form found in Section 12 (page 12 of 34) of the Provider Manual located at www.nhpri.org.

Initiatives in Diabetes Care



NHPRI's Diabetes Program is based on the 2005 guidelines written by the American Diabetes Association; our program works with practitioners and members to improve adherence to these guidelines. We measure our program outcome by the annual HEDIS scores on six diabetes measures. HEDIS 2005 scores on these measures showed overall improvement except in the hemoglobin A1c (HbA1c) control measure.

A1C CONTROL RESULTS

Large studies have shown that rigorous A1c control is associated with a decreased incidence of microvascular (renal, eye, peripheral) and macrovascular (heart attack, stroke) complications of diabetes.

NHPRI Guidelines for Diabetes Care recommend a management goal of normal or near-normal glycemic control (HbA1c less than 7 percent) for patients with diabetes.

- NHPRI's score for this HEDIS measure in 2004 indicates that 42 percent of the member sample exhibited "poor glycemic control" with A1c levels of more than 9 percent.
- On the fall 2004 diabetes knowledge test sent annually by the NHPRI Diabetes Program to all adult members identified

with diabetes, 30 percent demonstrated poor understanding of the significance of the A1c test.

NHPRI HELPS MEMBERS UNDERSTAND AND CONTROL A1C

The NHPRI Diabetes Program has undertaken three initiatives in 2005 to help members with diabetes understand and control their hemoglobin A1c levels:

- NHPRI developed a new, easy-to-read diabetes brochure that encourages members to make lifestyle changes to control their A1c and to track their levels on a chart that demonstrates what level of control they've achieved. It was mailed to all adult members with diabetes in October 2005. The brochure can also be found on our website, www.nhpri.org, in the "Special Programs" diabetes section.
- An NHPRI nurse case manager has been contacting members with co-diagnoses of diabetes and morbid obesity. She works with these members to help them better manage their condition by encouraging lifestyle changes that improve their A1c control.
- NHPRI has launched a pilot project to work directly with PCPs to provide care management assistance to patients who are diabetic and have recent A1c levels that are more than 9 percent. When the primary care site identifies such patients, they send names and demographic information to the nurse case manager, who initiates outreach and education efforts. ●

The NHPRI Diabetes Program wants to assist practitioners in management of NHPRI members with diabetes. The *NHPRI Guidelines for Diabetes Care* are available on the our website in the "Providers/Clinical Programs" section or by calling Dorothy Erickson, MD, NHPRI health and wellness specialist, at (401) 459-6127. Providers may also call to obtain a copy of the new NHPRI diabetes patient education brochure.

HEDIS® 2005 Results Show Excellence in Preventive and Chronic Care

The National Committee for Quality Assurance (NCQA) supports HEDIS as a means of measuring the performance of health plans. HEDIS consists of a number of standardized performance measures that can be used by consumers to compare the performance of managed health care plans. NHPRI has recently analyzed its HEDIS 2005 results, compared them to NCQA's benchmarks, and notes the following:

CONTINUED STRONG PERFORMANCE IN PREVENTIVE AND CHRONIC CARE MEASURES

- Adolescent Immunization ranks in the 90th percentile
- Cervical Cancer Screening ranks in the 90th percentile
- Children's Access to Primary Care ranks in the 90th percentile
- Well Care for Children and Adolescents ranks in the 90th percentile
- Comprehensive Diabetes Care—HbA1c testing, lipid profile and kidney disease monitoring rank in the 90th percentile

NEW IMPROVEMENTS

- Asthma—performance among members ages 5 to 9, 10 to 17, and 5 to 56 years combined surpasses the 90th percentile for the first time
- Follow-Up After Hospitalization for Mental Illness—performance within 7 days and 30 days of discharge surpass the 90th percentile for the first time

OPPORTUNITIES FOR IMPROVEMENT

- Childhood Immunization
- Antidepressant Medication Management (optimal practitioner

contact, effective acute phase treatment, effective continuation phase treatment)

- Medical Assistance with Smoking Cessation

The results from HEDIS are used to help NHPRI identify opportunities for improvement. Quality improvement projects are then developed to address them. Information from HEDIS also leads to the creation of disease management activities. NHPRI's consistent success in HEDIS performance is a result of the providers' dedication to providing quality care as well as the provider and plan's working partnership.

HEDIS results are integral in determining a health plan's NCQA Accreditation status. NHPRI maintained its "Excellent" status this year. ●

The HEDIS 2005 results, including the results of the 2005 Consumer Assessment of Health Plans (CAHPS®) member satisfaction survey, may be found on NHPRI's website. Access the results by going to www.nhpri.org and clicking on "About Us," "Quality Standards," then "HEDIS Results." A paper copy of the results is available upon request by contacting Lisa Franchetti at (401) 459-6092.



IMPORTANT REMINDER

NHPRI practitioners are contractually obligated to inform NHPRI **sixty (60)** days prior to their effective termination date with a participating primary care site, provider group or the Network to ensure coordination of care for their assigned members or members cared for by them. NHPRI shall be responsible for notifying members of the PCP terminations and the process by which those members shall continue to receive the covered services of a PCP. Specialty practitioners are responsible for notifying NHPRI members currently under their care in advance of the date of termination.

HEDIS® is a registered trademark of the National Committee for Quality Assurance. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



MEDICAL MANAGEMENT DECISIONS MADE TO BENEFIT OUR MEMBERS

NHPRI recognizes that under-utilization of appropriate services has the potential to adversely affect our members' health and wellness. For this reason, NHPRI encourages appropriate utilization of services, and discourages under-utilization of services. NHPRI's utilization management decisions are based only on appropriateness of care and service and existence of coverage. NHPRI does not reward staff or practitioners conducting utilization review for denying coverage or service, nor does it use financial incentives to encourage decisions that result in under-utilization of care and service.

FOR MORE INFORMATION...

If you have questions about our case management programs or your medical review authorization status, please call our Medical Management Department at **1-800-963-1001**.

**Did You Know?:
Health Information Technology
Advancements in Rhode Island**

Rhode Island is at the forefront nationally to develop standardized, interoperable systems to share health information. Here are some of the more recent developments and accomplishments in our state toward the achievement of this goal:

RI RECEIVES GRANT FUNDING FROM AHRQ

Rhode Island is one of five states to receive the State and Regional Demonstration in Health Information Technology contract from the Federal Agency for Healthcare Research and Quality (AHRQ). The five-year project, called the RI AHRQ Health Information Technology project, is being led by the Rhode Island Department of Health and is governed by the Rhode Island Quality Institute. Goals of the project include the development of a statewide system allowing secure, patient-controlled sharing of health information between providers, as well as physician access to electronic records outside of their offices. The project is currently in the early stages of development. However, physician offices should be aware of how interface with the statewide system will work.

Quality Partners of Rhode Island will be communicating with physicians regularly about the project and is working to create a Physician Engagement and Awareness Campaign to ensure that physicians across the state receive timely and reliable information about this important project.

INTERESTED IN MOVING FROM PAPER TO ELECTRONIC? CONSIDER RI'S DOQ-IT PROGRAM

Quality Partners of Rhode Island has

been awarded the federal contract to implement a program called Doctor's Office Quality—Information Technology (DOQ-IT) in Rhode Island, and is currently recruiting practices that may be interested in participating over the next two years. The goal is to help small and medium-sized physician offices in the selection, implementation and use of electronic medical records. DOQ-IT will provide practices with consultative services and will facilitate the sharing of information among practices working on implementations across the state. If your practice is interested in participating in this program, please contact Lauren Pond at **(401) 528-3204** or **lpond@riqio.sdps.org** for further information.

ELECTRONIC HEALTH RECORDS OF RHODE ISLAND (EHRRI)

EHRRI's mission is to help Rhode Island's physicians purchase and implement an affordable, usable and highly functional electronic health system. EHRRI will use volume to achieve a significant discount for the state's medical community. The goal is to select a single software vendor to simplify office adoption, training, support and maintenance, as well as making electronic connections to other providers, hospitals, labs and the state MPI projects more efficient.

Quality Partners of Rhode Island will be keeping the state well informed via mail. If you prefer to receive these communications electronically or have questions, please contact Mary Ellen Casey, project coordinator, at **mcasey@riqio.sdps.org**.

REMINDER: BILLING PRACTICES

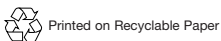
In their contract with Neighborhood Health Plan of Rhode Island (NHPRI), practitioners accept the NHPRI fee schedule, and therefore cannot bill or balance bill members. Other than allowable copayments or deductibles, in no event can the practitioner bill, charge or have any recourse against NHPRI members for services provided by the practitioner under their agreement with NHPRI.

Our practitioners, their staff and billing subcontractors may contact NHPRI directly with billing issues (call Provider Services at (401) 459-6030). Our Customer Service Department is also available to assist with member education and outreach to ensure that our members' and providers' needs are being met. Contact Customer Service at 1-800-459-6019 or 1-800-963-1001.



Neighborhood News

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Q&A with New CEO, Mark Reynolds

On October 3, 2005, Neighborhood Health Plan of Rhode Island began a new era when Mark Reynolds took the helm as chief executive officer. During his first weeks on the job, Mark has met with many of the people who have helped make NHPRI and Rite Care a success. He also has spent some time talking with members of the media about his plans. Here is a sampling of some of those conversations:

*Why were you interested in joining Neighborhood Health Plan of Rhode Island?*¹

"Neighborhood Health Plan of Rhode Island has a reputation for being very dedicated to its mission of serving people who have been traditionally underserved and delivering quality care to this group. Everyone here is focused on that mission. An organization where people are all working toward a common cause is hard to come by these days."

NHPRI has a strong presence in the community. Is there any discussion within the organization of new programs to

*increase its involvement in helping Rhode Islanders in need?*²

"It seems like there are already a few state program initiatives in the works, including designing a continuum of care for children's behavioral health services by spring 2006, establishing a Rite Care dental program by spring 2006 and creating a voluntary managed health care system for adults with disabilities by summer 2006. We will always work to assure everyone in Rhode Island has comprehensive health care coverage and access to "high quality care."

*What sorts of things does NHPRI do that could be extended to other populations?*³

"It supports a team approach to providing care. When members go to a community health center, they can often get behavioral health care along with medical care, and they're often linked to other support services. Also, we provide care management, so if someone has diabetes or asthma, we make sure they have appropriate self-care information and other essential services that aren't strictly medical care." ●

1. *HealthLeaders Magazine*, October 24, 2005

2. *Hospital Association of Rhode Island, Leaders in Health Care*, October 28, 2005

3. *Providence Business News*, November 7, 2005

