

Important HEDIS[®] 2010 Update *Changes to the Smoking Cessation Measure*

To maintain relevance to guidelines that were updated in 2008, HEDIS[®] (Healthcare Effectiveness Data and Information Set) has broadened the language of the “Medical Assistance with Smoking Measure” question. The question previously referred to cessation of cigarette smoking and now includes cessation of other tobacco products (pipes, snuff, chew, etc.).

The survey language was also clarified by adding examples in the smoking cessation medication question and in the smoking cessation strategy question.

The CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems) survey questions for the HEDIS measure, now called “Medical Assistance with Smoking and Tobacco Use Cessation,” will be worded:

1. Do you now smoke cigarettes or use tobacco every day, some days or not at all?
2. In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health

provider in your plan?

3. In the last six months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are nicotine gum, a patch, nasal spray, inhaler or prescription medication.
 4. In the last six months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are a telephone helpline, individual or group counseling, or a cessation program.
- The CAHPS survey response options were changed as well. The new response options include Never, Sometimes, Usually and Always. ●

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Stay up-to-date on CAHPS[®]
surveys and national benchmarks
by visiting www.cahps.ahrq.gov.



Meeting the Behavioral Health Needs of Diverse Populations

Mack Johnston, M.D., Chief Medical Officer

For most of the 20th century, race, language, ethnicity, culture and social disparities were overlooked in the treatment of patients. It was not until the later part of the 20th century when the health care industry recognized the importance of cultural competency in the delivery and quality of care. Although there are a variety of definitions for cultural competency, they overall speak to respect, understanding and sensitivity when delivering care to people from all walks of life.

In 2007, in an effort to eliminate health disparities among our diverse membership, Neighborhood received a Robert Wood Johnson Foundation grant, Finding Answers: Disparities for Change, to evaluate the effectiveness of telephone-based, culturally sensitive care management for depression in Latino primary care patients. Neighborhood collaborated with researchers at Butler Hospital, Brown University and Beacon Health Strategies. The study involved a randomized clinical trial in which depressed Latino adults were treated with one of two methods:

- Treatment as usual. Patients had an antidepressant prescription from their PCP and were not involved in behavioral health treatment.
- Treatment as usual, plus a telephone-based program called Depression Health Enhancement for Latino Patients (D-HELP). A bilingual Depression Care Manager made calls to recipients over a 12-week period to collect additional information about symptoms, assess adherence to antidepressant medication, discuss follow-up appointments with their PCP and discuss barriers to adherence to follow-up visits with their PCP.

For the study, we attempted to contact 929 potential participants. We spoke with 242 potential participants, consented with 53 and randomized 38 for the study. Despite the size of the study, we were able



to learn valuable lessons. Participants receiving telephone-based outreach demonstrated fewer depressive symptoms than participants in treatment as usual. Overall, participants had a positive impression of the program but expressed a desire for increased contact in general, especially face-to-face interaction.

We also learned that barriers to care remain for the Latino community. At our focus groups, after the study, participants stated that stigmas regarding depression remain in the Latino community. Participants also stated that they have concerns about the accuracy of translations and confidentiality when interpreters are used and that health care providers do not understand the Latino culture. The focus groups also offered suggestions

to overcoming barriers to care, such as:

- Emphasis on community education and community outreach
- More bilingual clinicians and office staff
- More guarantees of confidentiality
- Being asked about depression multiple times by treating clinicians

For our future work, we will continue to partner with Beacon Health Strategies to eliminate disparities not only for our Latino membership, but our membership as a whole. We hope to continue our efforts in developing systems and programs that promote knowledge and resources for our members, with the goal of creating a patient-centered system of care that bridges the gaps of disparities. ●

L. Mack Johnston MD

View Our Medical Policies Online

The Medical Review staff of the Medical Management department uses Clinical Medical Policies (CMPs) to guide decisions about Neighborhood's conditional benefits.

Through collaboration with Neighborhood's Associate Medical Director and our specialty consultants, the policies are developed and revised following a thorough review of current medical literature and standards of practice. To the extent possible, Neighborhood's CMPs are developed according to evidence-based outcomes.

To view one of Neighborhood's CMPs, visit www.nhpri.org. Click on "Providers," "Clinical Resources" and then "Clinical Medical Policies."

Control for Life: Empowering Support for Diabetes Patients

Neighborhood offers Control for Life, a program that works with providers to help our members stay in control of diabetes. The goal of the program is to empower members to live healthy, active lives so that they can manage their condition.

What We Can Do for Patients

Members enrolled in Control for Life receive special mailings about diabetes, including educational resources and information on specific milestones to help them better manage diabetes. The program is open to all members ages 18 and older who have been diagnosed

with type 1 or type 2 diabetes.

If a member is identified as being at high risk for poor diabetes management, he or she will receive phone-based outreach from a case manager. The case manager will discuss lifestyle issues that may impact the member's condition, offer self-management strategies, evaluate the member's status and explain the importance of monitoring diabetes and adhering to treatment goals.

What We Can Do for You

As a provider, you'll receive actionable information derived from health

plan claims and pharmacy data to support and improve patient outcomes. We send reports quarterly to selected primary care sites to inform them of the diabetes care milestones that Neighborhood monitors. We also note which of the milestones the member achieved and whether your practice's diabetes patients have received specific lab tests, screenings and exams, such as an A1c test, LDL cholesterol check, dilated retinal eye exam, flu vaccine and visit with their primary care physician.

If you have questions about Neighborhood's Control for Life program, how we work with your patients or the services available to our members with diabetes, or if you'd like to refer a member to the program, please call Neighborhood Customer Service at **1-800-459-6019**. ●



New vs. Established Patient Guidelines

The Medicare and Current Procedural Terminology guidelines are used to determine if a patient is considered “new” or “established.” A new patient is defined as a patient who has not received any professional services from the physician—or another physician of the same specialty (such as primary care services, obstetrics or cardiology) who belongs to the same group practice—within the past three years. This includes outpatient and inpatient settings.

In the instance when a physician is

on call or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available. If no face-to-face encounter has previously occurred between the physician and the patient, then the patient may be coded as a new patient the first time a face-to-face encounter does occur. An interpretation of a diagnostic test, reading of an X-ray or EKG, etc., in the absence of a face-to-face encounter does not affect the new-patient designation. ●

Let Us Know When You Leave

Neighborhood Health Plan of Rhode Island practitioners are contractually obligated to inform Neighborhood 60 days prior to their effective termination date with a participating primary care site or provider group or the network. This ensures coordination of care for our members.

Specialty practitioners are responsible for notifying Neighborhood plan members currently under their care in advance of the date of termination.



We Strive for **High-Quality Care**

Our Quality Improvement (QI) program strives to ensure members have access to high-quality health care services that are safe, effective and responsive to their needs. The 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. The DEI is responsible for achieving the 2010 corporate objective of an organization-wide QI program that consists of quality circles that will develop and support work on our clinical, service and operational performance.

The objective includes implementing three QI projects, one per quality circle.

Neighborhood delegates behavioral health QI activities to Beacon Health Strategies, including the involvement of a behavioral health practitioner in program implementation and oversight, and approves Beacon's annual QI evaluation and description.

Within our quality structure, related functional areas work toward our overall goal: 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.

Billing Practices Reminder

In their contract with Neighborhood, practitioners accept the Neighborhood fee schedule and therefore 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. Neighborhood Customer Service can also assist with member education and outreach to ensure our members' and providers' needs are met.

Rx 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."

2009 HEDIS® Results Show Strengths, Opportunities

The National Committee for Quality Assurance (NCQA) supports HEDIS as a means of measuring the performance of health plans. HEDIS includes standardized measures that can be used by consumers to track and compare the performance of health plans.

Neighborhood has analyzed its HEDIS 2009 results and compared them to NCQA's national benchmarks, with the following findings for our clinical performance.

Continued Strong Performances

All exceeded the 90th percentile for at least the second year in a row:

- Cervical Cancer Screening
- Follow-Up After Hospitalization for Mental Illness Within 30 Days
- Use of Appropriate Medications for People with Asthma
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Well-Care for Adolescents

New Improvements

Exceeded the 90th percentile this year:

- Childhood Immunization Status, Combination 3

Opportunities for Improvement

Performance below the 75th percentile:

- Prenatal and Postpartum Care
- Appropriate Testing for Children with Pharyngitis

- Antidepressant Medication Management

- Advising Smokers to Quit

HEDIS incorporates the CAHPS® survey, which assesses member satisfaction. Here are highlights of this year's performance:

- Members' Rating of Health Plan remains high and in the 90th percentile.

- Satisfaction with the Plan's Customer Service and Rating of Overall Health Care fell from the 90th to the 75th percentile.

- Members' satisfaction with Access to Routine and Urgent Care improved somewhat and remains above the 75th percentile.

- Areas ranked at or below the 50th percentile and needing improvement include Getting Needed Care (ease of getting appointments with specialists and getting care through the health plan), Rating of Personal Doctor, How Well Doctors Communicate, Coordination of Care, Health Promotion and Education, Shared Decision Making and Rating of the Specialist.

The results from HEDIS are used to help Neighborhood identify opportunities for improvement, develop quality improvement projects and create disease management activities, where applicable.

Neighborhood's HEDIS performance is a result of the dedication of providers to providing quality care, as well as the

working partnership of providers and the plan. HEDIS results help determine a health plan's NCQA accreditation status and national ranking among Medicaid plans. This year Neighborhood maintained its excellent accreditation and continues to rank among the top 10 Medicaid plans nationally, according to a joint ranking by *U.S. News & World Report* and the NCQA. ●

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.

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 contact Medical Management and submit a Request for Continuity of Care prior authorization form for consideration. The form is available in section 12 of the *Provider Manual* at www.nhpri.org or by calling Customer Service at 1-401-459-6020.



Give Us a Call, Day or Night

Neighborhood's Medical Management department has an answering system and fax line (1-401-459-6023) available to members and practitioners 24 hours a day, seven days a week, for inbound communications. Medical Management staff are there to assist you from 8:30 a.m. to 5 p.m., Monday through Friday, via telephone, e-mail or fax. To reach Medical Management, call 1-800-264-3955.

Behavioral Health and Substance Abuse in the Primary Care Setting

By Diane L. Giarrusso, LICSW

The primary care setting is often the first point of contact for people needing help with behavioral health issues. Neighborhood, together with our behavioral health partner Beacon Health Strategies, offers tools to assist our providers with the assessment and treatment of behavioral health and substance abuse issues in the primary care setting.

Depression

Neighborhood and Beacon support the U.S. Preventive Services Task Force recommendation that adults be screened for depression annually. Screening for depression can be done quickly and easily by asking these questions: In the past two weeks, have you felt down, depressed or hopeless? In the past two weeks, have you had little interest or pleasure in doing things? If a patient answers yes to either or both of these questions, they

should have a more in-depth evaluation for depression. Providers can go to our website and download the Patient Health Questionnaire (PHQ-9).

As a reminder, the National Committee for Quality Assurance measures successful management of depression in patients ages 18 and older by the percentage of eligible members that:

- Remain on antidepressant medication during the entire 12-week acute phase (Effective Acute Phase Treatment)
- Remain on antidepressant medication for at least six months (Effective Continuation Phase Treatment)

ADHD

Neighborhood's Clinical Practice Guideline for the Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder (ADHD) in Primary Care for School-Age Children and Adolescents can be found on

our website. An ADHD toolkit for providers can also be found there.

Alcohol

Neighborhood supports the use of the CAGE assessment tool to identify potential alcohol problems with patients.

Communication and Referrals

Neighborhood and Beacon support the use of the Primary Care Provider Behavioral Health Communication form to facilitate coordination of care. This form can be downloaded from Beacon's website, www.beaconhealthstrategies.com, under "Provider Tools." It can also be found in Neighborhood's *Provider Manual*. ●

If you need assistance in making a behavioral health referral for one of your patients, please call Beacon Health Strategies at 1-800-215-0058.

How to Get Our Guidelines for Care

Neighborhood's guidelines on clinical practice—including topics such as asthma, diabetes, congestive heart failure, smoking cessation, antibiotic use, prenatal care and preventive health—are available online. Visit www.nhpri.org and click on "Providers," then "Clinical Resources." Paper copies of all guidelines also are available by calling Nadine Oxx at 1-401-459-6005.

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 service.



Our Member Rights and Responsibilities

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.

Our members have the right to:

- Receive information about Neighborhood; its services, practitioners and providers; and their rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in making decisions about their health care
- Privacy of all records and communications to the extent required by law (Neighborhood employees follow a strict confidentiality policy regarding all member information)
- Receive respectful, personal attention without regard to race, national origin, gender, age, sexual orientation, religious affiliation or preexisting conditions
- Obtain a second medical opinion for medical and surgical concerns
- Have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Neighborhood or the care provided by its practitioners
- Make recommendations about Neighborhood's member rights and responsibilities policies

Our members have the responsibility to:

- Choose a primary care site and a PCP who will coordinate all their medical care; members may change their PCP at any time by calling Customer Service at **1-800-459-6019**
- Have all their medical care provided by a Neighborhood participating doctor
- Carry their Neighborhood member ID card with them and show it when they seek medical care
- Provide, to the extent possible, information that Neighborhood and its practitioners and providers need to care for them
- Learn about their health problems and help plan treatment they and their PCP agree on
- Follow the plans and instructions for care that they have agreed on with their practitioners
- Talk with their PCP about all specialty care and, if they need a specialist, their PCP will work with them to ensure they get quality care
- 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**, and they or a friend or relative should tell the PCP the next day
- Let Neighborhood know about changes to their name, home address, telephone number, marital status, number of dependents or if they have other insurance coverage

Providers or patients with questions can call Customer Service at **1-800-459-6019**.

Neighborhood Ranks in Top 10 of Medicaid Health Plans

We are pleased that Neighborhood has been ranked as the number seven Medicaid health plan according to America's Best Health Insurance Plans 2009–10, a joint ranking by *U.S. News & World Report* and the National Committee for Quality Assurance (NCQA). This marks the fifth year in a row that Neighborhood has ranked in the top 10. This is an impressive achievement for the RItE Care program, our health plan and you, our network

of outstanding provider partners who deliver high-quality care every day.

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

Thank you!

U.S. News/NCQA America's Best Health Insurance Plans 2009–10. "America's Best Health Insurance Plans" is a trademark of U.S. News & World Report.





New Outreach Program Helps Members Manage Their Health

On October 1, 2009, Medical Management launched a new program, Transitions of Care, to provide outreach to members hospitalized for specific medical conditions. The targeted medical diagnoses are based on Neighborhood data that revealed a high likelihood of readmission or emergency room visits, as well as reaching patients with high-cost, medically complex conditions, such as pneumonia, COPD, cystic fibrosis and sickle cell anemia.

The program is based on the nationally recognized model developed by Dr. Eric Coleman. It addresses site-to-community

gaps in care by enhancing patient safety and self-management in four areas:

- Medication reconciliation
- Timely follow-up with a physician
- Understanding one's health condition and when to contact a physician
- Using a personal health record (PHR) to enhance communication across health settings regarding providers, health conditions and current medications

With the Neighborhood model, case managers contact the members upon discharge. In some cases, case managers may contact members in person or by telephone while they are still hospitalized or, when necessary, they may perform a home visit to conduct the intervention. Members are followed four weeks post-discharge.

In addition to ensuring that the four areas above are addressed with the member, case managers collaborate with providers by faxing a medication list to providers for verification. Members are encouraged to bring the PHR to their visits in order to maintain up-to-date information about their care. ●

Learn more about our case managers by calling Dolores Burke, Manager of Case Management, at **1-401-459-6013**.



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 think may not be right by calling the Neighborhood Compliance Hotline at **1-800-826-6762** to tell us about fraud, abuse or your concern.



Neighborhood News

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