Neighborhood Health Plan of Rhode Island

Neighborhood News

A Newsletter for Neighborhood Health Plan of Rhode Island's Practitioner and Provider Community

FALL 2006

PROVIDER NEWS

Improve Infant Outcomes with Birth Spacing Advice

A recent analysis, which attempted to account for known influences on pregnancy outcomes, presents evidence that when mothers wait at least 18 months after a delivery before becoming pregnant again, they lower their risk for premature delivery or delivery of a low birth weight baby. Compared with infants of mothers with interpregnancy intervals of 18 to 23 months, those born to women who conceived less than six months after giving birth had a 40 percent increased risk for being born prematurely and a 60 percent increased risk of low birth weight.[1]

Worldwide, more than 4 million babies die each year within a month of birth, 19,000 of them in the U.S. The World Health Organization estimates that just over a fourth of these deaths are directly related to premature birth. Currently in the U.S., 6 to 10 percent of pregnancies among women who have already given birth occur less than six months after childbirth. Based on the analysis cited above, birth spacing is an effective intervention for preventing deaths among newborns. The report concludes that, after birth, the recommended interval to next pregnancy is at least 18 months in order to reduce the risk of adverse birth outcomes.

Interventions to increase the time between pregnancies, such as encouraging exclusive breast-feeding and improving access to birth control, could potentially reduce infant deaths. Breast-feeding is a natural but not infallible form of birth control. Clinicians should counsel all women before they deliver to space pregnancies at least 12 months apart. They also should discuss what method of birth control women will start once their baby is born.[2]

Neighborhood Health Plan of Rhode Island covers all methods of birth control. Also, NHPRI's Bright Start prenatal program works with women who are pregnant to encourage them to breast-feed their babies and assists them to plan a method of birth control to use once they deliver. ●

[1] "Birth spacing and risk of adverse perinatal outcomes; A meta-analysis," Agustin Conde-Agudelo, MD, MPH, et al; *Journal of the American Medical Association* April 19, 2006, vol. 295 No. 15, pp. 1809-1823.

[2] "Birth spacing—The long and short of it," by Rachel A. Royce, PhD, MPH, *Journal of the American Medical Association* April 19, 2006, vol. 295 No. 15, pp. 1837-1838.

SITES THAT PROVIDE PRENATAL CARE TO NHPRI MEMBERS CAN JOIN THE BRIGHT START PROGRAM OR GET MORE INFORMATION BY CALLING DOROTHY ERICKSON, HEALTH AND WELLNESS SPECIALIST, AT **1-401-459-6127.**

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FIND US ONLINE AT: WWW.NHPRI.ORG

L. McTyeire Johnston, MD,
Chief Medical Officer

Co-Location of Behavioral Health and Primary Care Services: Making a Good Idea Better

This is the third of a series of articles on how we, both NHPRI and providers, can work for improved outcomes for our members and your patients. In this article, we will take a look at the advantages of co-locating behavioral health providers at primary care sites and address how the co-location system has been surveyed and improved.

At least 50 percent of individuals diagnosed with a behavioral health condition receive their only treatment from a primary care practitioner (PCP). This is partly attributed to a lack of available specialty providers, but is also a result of a preference by patients to receive this care in the primary care setting—familiar and comfortable surroundings. NHPRI has been working to meet both needs by placing behavioral health clinicians in primary care office settings.

Locating behavioral health services in primary care settings meets two needs:

- Patients have easy access to specialty care when needed.
- PCPs have easy access to either consultation or services to which they can easily refer their patients.

By providing behavioral health services where our members are most likely to access them, we have modified the system to meet members' needs rather than expecting members to adapt to a behavioral health system, which can be daunting. Our work in co-locating behavioral health and primary care services is now four years old; as of July 2006, there were eight primary care sites that had co-located behavioral health services on-site.

In June 2005, Neighborhood Health Plan of Rhode Island and Beacon Health Strategies surveyed members, behavioral health clinicians and PCPs to evaluate their satisfaction with the co-located behavioral health services:

- Overall member satisfaction with care was 91 percent at co-located sites, higher than for members being seen in the traditional behavioral health network.
- On average, the co-located behavioral health providers reported much lower fail-to-keep rates than their network counterparts.
- The satisfaction results for the PCPs were less positive when asked about processes related to co-located behavioral health practitioners, such as referral process and timely access. However, despite the difficulties identified with the process, 81 percent of PCPs indicated that they refer members or seek consultation from the co-located behavioral health providers.
- 72 percent of PCPs surveyed indicated that the counseling their members received was "good to excellent."
- 77 percent of behavioral health practitioners believed that the referral process and access was "good to very good" and felt they had a "good to excellent" working relationship with their health center sites.

Armed with this information, NHPRI and Beacon contacted the co-located sites to identify "best practices" for referral and communication processes. These lessons were used to stimulate further development of a co-located system.

In March 2006, NHPRI and Beacon re-contacted the sites to reassess the performance of co-located services. At that point, there were three additional primary care sites that offered co-located services. Also, all co-located sites then provided individual and family therapy with a master's degree–level clinician. Psychiatry or nurse practitioner services for medication management were available at six sites, and two additional sites offered psychiatric consultation when needed. Most of the sites offered 25 or more hours of behavioral health services per week. The usual waiting time for a first appointment ranged from "same day" to "20 days," with the majority of sites offering initial appointments within 10 days. All of the sites reported that members with urgent needs either could be seen by co-located staff the same day, or referrals to the local community mental health center were made. Co-located providers continued to report a failure-to-keep rate ranging from 13 to 45 percent with the median at 25 percent, which is lower than their network counterparts.

For our future work, NHPRI and Beacon will measure member and provider satisfaction again to ensure that member satisfaction continues to be high and provider satisfaction improves. We will then take lessons learned and apply them for further system improvement. ●

L McTyeire Johnston MD

Call NHPRI's new Customer Service Call Center at **1-401-459-6020** between 8:30 a.m. and 5 p.m. to get help with these and other operational issues:

- Checking a claim status
- Verifying eligibility
- Requesting member education materials
- Asking pharmacy questions

Member Newsletter Launches *A Healthier You*

Neighborhood Health Plan of Rhode Island's member newsletter, *Close Friends*, recently conducted a readership survey among members to gauge whether the publication was providing information that the members found useful. Among the responses, a large majority of members wanted more fitness and nutrition information. NHPRI has responded to that finding by unveiling *A Healthier You*, a one-page feature in every *Close Friends* that's dedicated to offering members tips for exercising and eating right, in addition to special health-promoting giveaways, such as pedometers and sunscreen.

This table of Rhode Island farmers' markets appeared in the premiere *A Healthier You* in the fall issue of *Close Friends*. NHPRI encourages you to share it with members as a healthy-eating resource. ●

City	Address	Day	Time	Season
Barrington	Haines Memorial State Park Metropolitan Park Dr. and Park Ave.	Wednesday	2 to 6 p.m.	May to Oct.
Bristol	Colt State Park Hope St. and Asylum Rd.	Friday	2 to 6 p.m.	May to Oct.
Central Falls	Learning Community School Broad St. and Lincoln Ave.	Saturday	1 to 4 p.m.	June to Oct.
Cranston	Rhodes on the Pawtuxet parking lot 60 Rhodes Pl.	Saturday	9 a.m. to noon	May to Oct.
East Greenwich	Goddard State Park 345 Ives Rd.	Friday	9 a.m. to 1 p.m.	May to Oct.
Kingston	URI, Keaney Sports Complex parking lot Keaney Rd. and Rt. 138	Saturday	8:30 a.m. to 12:30 p.m.	May to Oct.
Lincoln	Visitor Center Rt. 295 North	Tuesday	2 to 6 p.m.	July to Oct.
Middletown	Newport Vineyards & Winery 909 East Main Rd.	Saturday	9 a.m. to 1 p.m.	June to Oct.
Narragansett	Fishermen's Memorial State Park 1011 Point Judith Rd.	Sunday	9 a.m. to 1 p.m.	May to Oct.
Newport	Memorial Blvd. and Edgar Ct.	Wednesday	2 to 6 p.m.	June to Oct.
North Scituate	Village Green, Scituate Art Festival Grounds East Rd. and Silk Ln.	Saturday	9 a.m. to 1 p.m.	May to Sept.
Pawtucket	Downtown Broadway and Exchange St.	Sunday	Noon to 3 p.m.	June to Oct.
Providence*	Algonquin House 807 Broad St.	Saturday	9 a.m. to 1 p.m.	June to Oct.
Providence*	Beside the skating rink 2 Kennedy Plaza	Friday	11 a.m. to 3 p.m.	June to Oct.
Wakefield	Marina Park, South County Hospital (Exit off Rt. 1) Salt Pond Rd.	Saturday	9 a.m. to 1 p.m.	May to Oct.
Woonsocket	Precious Blood Church Carrington Ave. and Park Ave.	Monday	9:30 a.m. to 12:30 p.m.	July to Oct.

* Providence has many locations. For a complete list, go to **www.farmfreshri.org**.

CLAIMS CORNER

- Did you know that ICD9 requires that diagnoses be coded to the furthest digit possible? Making sure your claims are coded to the applicable fourth and fifth digit will help us pay your claims appropriately and help reduce denials.
- When billing for vaccine administration charges, please remember to submit the appropriate vaccine CPTs and supporting diagnosis codes. This will help support your claims for payment. Preventive medicine visits also should be supported by the appropriate examination diagnosis code(s).
- For faster resolution to Auto Audit (our claims editing software) denials, providers can fax requests for reconsideration to Claims Quality at **1-401-459-6146**. Reconsiderations may also be submitted by mail to Claims Quality. As a reminder, provider documentation must be legible in order for the claim to be reconsidered.
- Reminder: Effective 6/15/06, all claims submitted without the provider and vendor identification number will be returned for correction and resubmission. This information is required on all paper-submitted claims.

Identification and Treatment of Postpartum Depression

by Barbara Earing, LICSW, Beacon Health Strategies

Postpartum depression (PPD) is the most common complication of childbearing. Despite recent media attention, postpartum depression remains underdiagnosed and undertreated. It occurs in about 10 to 15 percent of new mothers within 6 to 9 weeks of delivery and in up to 20 percent within six months after delivery. Plus, the American College of Obstetricians and Gynecologists has stated that PPD can arise anytime during the first year after childbirth.

Risk factors for postpartum depression include:

- depression during pregnancy
- prior incidence of PPD
- history of depression or bipolar disorder
- diminished social support
- sensitivity to hormonal fluctuations
- family history of psychiatric disorders
- stressful life events, such as trauma, poverty, unwanted pregnancy, marital discord or illness.

Postpartum depression can present in the following ways:

- loss of pleasure or interest in formerly enjoyable things
- strong feelings of sadness, anxiety or irritability
- emotional stress that interferes with self care
- lack of motivation
- diminished interest in food or overeating
- disturbed sleep
- difficulty with concentration
- intense worries about the baby
- lack of interest in the baby
- fear of harming the baby
- thoughts of self-harm or suicide.

The importance of identifying and treating PPD goes far beyond concern for the well-being of the mother. PPD has been shown to have an adverse impact on mother-infant attachment and late infant development, as well as adolescent development.

The treatment for PPD is based on the severity of presenting symptoms. It may include short-term cognitive-behavioral therapy (CBT) or interpersonal therapy (IPT) and pharmacological interventions. Patients with more severe PPD may choose to receive treatment with psychotropic medications in addition to therapy.

PPD can be successfully treated, and patients treated with antidepressant medicines and therapy usually show marked improvement and positive outcomes for themselves and their children. ●

FOR MORE INFORMATION ON PPD TREATMENT, CONTACT BEACON HEALTH STRATEGIES AT **1-800-215-0058** OR GO TO **WWW.BEACONHEALTHSTRATEGIES.COM**.

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."

A How-To for Submitting Emdeon Claims

Neighborhood Health Plan of Rhode Island (NHPRI) now accepts professional claims electronically through Emdeon® at no charge to providers! Here are a few things you need to know to make your electronic claims submission through Emdeon a success:

1. You need to know your NHPRI-supplied vendor number and provider number. If you do not know these numbers, please call NHPRI's Customer Service Department at **1-401-459-6020** to obtain your specific numbers.
2. You must have practice management software or be working with a billing agent who can submit claims through Emdeon. To find out if your agent can submit through Emdeon, contact them and ask if they have this capability.
3. You must supply the NHPRI vendor number and provider number to the agent who will be submitting your claims to Emdeon for you. If your agent has any setup questions about how to set up claims for NHPRI, please call Emdeon at **1-800-845-6592**.
4. If your agent will be submitting your claims in a HIPAA 837 format, here are some technical details:
   - The vendor number must be included in the REF*G2 segment in loop 2310 of the HIPAA 837 file. Do not include the provider tax ID or provider number in the REF*G2 segment.
   - The provider number must be included in the REF*N5 segment in loop 2310 of the HIPAA 837 file. Do not include the vendor tax ID or vendor number in the REF*N5 segment.

   If you are submitting in a non-HIPAA format, you will need to work with Emdeon to identify how to properly set up your claims for electronic submission.
5. When you submit claims to Emdeon there are two rejection reports that are very important for you to review:
   - Claims rejected by Emdeon.
   - Claims rejected by NHPRI.

   For any claims that are rejected, please review the reason for the rejection, fix the claim (if applicable) and resubmit to NHPRI. ●

IF YOU OR YOUR AGENT HAS ANY QUESTIONS ABOUT SETTING UP CLAIMS, PLEASE CALL EMDEON AT **1-800-845-6592** OR GO TO **TRANSACT.EMDEON.COM**. WE LOOK FORWARD TO CONTINUALLY WORKING WITH YOU TO IMPROVE OUR SERVICE OFFERINGS FOR OUR PROVIDER PARTNERS.

RITE CARE FUNDING PRESERVED

NHPRI recently worked with elected and appointed officials, community advocates, businesses and leaders from Rhode Island's health care community to preserve RIte Care program funding in this year's state budget. The effort proved successful and we are very pleased that low-income families and children will continue to have insurance to pay for the high-quality health care that you provide. Thank you to the many providers and office staff who called or wrote their elected officials to lend their support!

Talking to Your Patients About Weight Management

Talking to your patients about weight management and obesity often is a difficult task. But it's one that you can handle when equipped with the proper tools and support. Here's how to help your patients understand the health risks associated with being obese or overweight.

When assessing the weight problem, use these strategies:

- **Waist Circumference:** Women who have waists that are more than 35 inches and men who have waists that are more than 40 inches are at a high risk for diseases related to obesity.
- **Body Mass Index:** Patients who have a BMI of 25 to 29.9 are considered overweight. Those with a BMI of 30 or higher are considered obese. All adult patients should have an obesity screening using BMI.

You should recommend weight loss for patients who are obese and overweight or have a high waist circumference combined with two or more risk factors, such as hypertension, high LDL-cholesterol, low HDL-cholesterol, high triglycerides, high blood glucose, family history of premature heart disease, physical inactivity and/or cigarette smoking. Remember that a patient losing just 10 percent of his original weight can improve his health. So encourage your patients to change how they eat and exercise for the better. And help them set achievable goals to do so. ●

IMPORTANT REMINDER

NHPRI practitioners should freely communicate with patients about medically necessary care or appropriate treatment alternatives, regardless of benefit coverage limitation.

HOW TO GAIN ACCESS TO UM CRITERIA

To make utilization management (UM) decisions, NHPRI uses written criteria based on sound clinical evidence and specifies procedures for appropriately applying the criteria. NHPRI takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. Criteria used to make utilization decisions are available upon request.

Please contact NHPRI's Kathleen Calandra, manager of utilization and clinical medical policy, at **1-401-459-6044** to receive UM criteria information or share any related questions or concerns.

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**.

Flu Shot Recommendations for Patients

The CDC Advisory Committee on Immunization Practices (ACIP) recently released the following list of groups recommended to have annual flu vaccination:

- Children age 6 to 59 months
- Women who will be pregnant during the influenza season (Vaccination can occur in any trimester.)
- People older than 50
- Children and adolescents age 6 months to 18 years who are receiving long-term aspirin therapy
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Adults and children who have chronic metabolic diseases (including diabetes mellitus), hemoglobinopathies, renal dysfunction or immunodeficiency (including immunodeficiency caused by medications or by human immunodeficiency virus)
- Adults and children who have any condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration
- Residents of nursing homes and other chronic-care facilities
- Persons who live with or care for persons at high risk for influenza-related complications, including healthy household contacts and caregivers of children younger than 59 months
- Health care workers

Neighborhood Health Plan of Rhode Island (NHPRI) endorses the ACIP influenza vaccination recommendations. Both the inactivated influenza vaccine and live attenuated influenza vaccines (LAIV) can be used to reduce the risk for influenza. LAIV is approved only for use among healthy people age 5 to 49. Inactivated influenza vaccine is approved for people 6 months or older, including those with high-risk conditions. Both types of influenza vaccine are covered by NHPRI when administered in office. ●

FOR A COMPLETE REVIEW OF THE 2006-2007 ACIP INFLUENZA VACCINATION RECOMMENDATIONS, GO TO **WWW.CDC.GOV**.

CLINICAL PRACTICE GUIDELINES UPDATE

Access to NHPRI's guidelines on clinical practice, prenatal care and preventive health are available through our website, **www.nhpri.org**.

We have updated our 2006 Preventive Care Guidelines. Changes to these guidelines include:

- the addition of BMI testing for members 13 and older
- lowering the age to 7 to 12 for limiting saturated fat
- adding a reference to **www.brightfutures.org** for safety and injury prevention topics
- recommending diabetes screening for members age 19 to 39
- recommending HIV testing for pregnant women and those having unprotected sex with multiple partners
- calculating waist circumference for adults age 19 and older
- adding of the HPV vaccine
- adding two doses of Varicella vaccine to all people age 13 or older who have no evidence of immunity
- recommending annual discussion of advanced directives with adults age 40 to 65.

To access these guidelines, click on "For Providers," then "Clinical Programs." Paper copies of all guidelines also are available upon request. Contact Ann Hochman at 1-401-459-6133.

Asthma Control Test Provides Simple Patient Assessment

The NHPRI Asthma Program regularly mails educational materials to members identified as having persistent asthma to assist them in understanding and more effectively managing their condition.

In June 2006, NHPRI mailed the Asthma Control Test, developed by the American Lung Association, to our population of members with persistent asthma. For members age 2 to 12, the test was sent to the parent or guardian, who was asked to complete it for the child.

The test consists of five questions:

- In the past four weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home? *(all of the time, most of the time, some of the time, a little of the time, none of the time)*
- During the past four weeks, how often have you had shortness of breath? *(more than once a day, once a day, three to six times a week, once or twice a week, not at all)*
- During the past four weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning? *(four or more nights a week, two or three nights a week, once a week, once or twice, not at all)*
- During the past four weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)? *(three or more times per day, one or two times per day, two or three times per week, once a week or less, not at all)*
- How would you rate your asthma control during the past four weeks? *(not controlled at all, poorly controlled, somewhat controlled, well controlled, completely controlled)*

The five possible answers for each question were scored 1 to 5, with 1 being the worst management and 5 being the best for each question. The test asks people to take the test and discuss their score with their doctor.

Members also were asked to send copies of their test results to NHPRI. The Asthma Program plans target educational outreach to those with scores of 19 or less. ●

THE ASTHMA CONTROL TEST IS A USEFUL MANAGEMENT TOOL FOR YOUR PATIENTS WITH ASTHMA. TO RECEIVE COPIES FROM NHPRI IN ENGLISH OR SPANISH, CONTACT DOROTHY ERICKSON, ASTHMA PROGRAM COORDINATOR, AT **1-401-459-6127**.

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's Customer Service Department at **1-401-459-6020** with billing issues. 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.

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