

SPRING 2006

PROVIDER NEWS



Emdeon: Easing Claim Management

How much time does your office spend on claims? If it's like many others, a considerable amount. You deal with multiple payers, and multiple payers means different submission procedures—and all those procedures equal more time spent on claims.

With advances in electronic data interchange (EDI), however, claims management is getting easier. That's one reason Neighborhood Health Plan of Rhode Island is currently piloting the widely used Emdeon (formerly WebMD) EDI interface. Emdeon uses HIPAA compliant EDI transaction sets.

"We've been hearing from providers who wanted to submit claims to us electronically, but they needed us to be able to accept the WebMD format," said Mary Evans, manager of Outreach and Satisfaction for NHPRI. "This pilot program is a direct result of these requests and our desire to make life easier for our providers and partners."

SAVING TIME AND DOLLARS

According to Emdeon, use of the Emdeon interface is free to providers and there is no transaction fee. Emdeon reviewed our provider records and found that a majority of our network practitioners already use Emdeon to submit claims to other payers. Now that NHPRI has joined the Emdeon network, some providers may now be able to use Emdeon to submit claims to their major payers, thus reducing administration time and expenses.

Evans believes providers in the pilot program will see benefits right away.

PILOT PARTICIPATION

The pilot program will proceed in phases, with the first set of providers starting in March. Once NHPRI is satisfied with the results, we will begin to add more providers to the list.

If you are interested in using Emdeon, please contact NHPRI's Member Services Department at **1-800-459-6019** and ask to be put on the pilot program list. NHPRI and Emdeon will contact you when we are ready to add your office to the Emdeon program.

Please keep in mind that there is a set of guidelines for submitting claims via Emdeon. During the pilot phase, the guidelines will be provided to the pilot providers. Once NHPRI is live with Emdeon, these guidelines will be posted on the Emdeon's website in March at **www.emdeon.com/PayerLists/payerlists.php**. These guidelines will help to ensure that clean claims are being submitted.

Said Evans, "We'll continue to make every effort to listen and respond to the needs of our providers as we work through the pilot program—and beyond." ●



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FIND US ONLINE AT: WWW.NHPRI.ORG



L. McTyeire Johnston, MD,
Chief Medical Officer

Doing Better: Improving Outcomes for Members

This is the first 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 highlight the mechanisms NHPRI uses to focus on improved member outcomes. Future articles will address evaluation tools and improvement opportunities in the office and other delivery settings.

Last year provided NHPRI with new mechanisms to measure our success as a health plan and to identify areas of improvement in providing the best service to members. Measurement opportunities available to NHPRI extended beyond the local and internal processes historically used; we are now able to evaluate health plan performance at the national level.

THE INFRASTRUCTURE: HEDIS AND CAHPS

NHPRI uses the results obtained from the Health Employer Data and Information Set (HEDIS®) to guide our quality improvement efforts. HEDIS is a tool that evaluates health plan performance on more than 60 measures that examine the quality and effectiveness of care, access to care and services and member satisfaction with services received from the health plan and its network providers. Included within HEDIS is the Consumer Assessment of Health Plans (CAHPS®) survey, which measures member satisfaction with care. The CAHPS survey provides reliable measurement of member satisfaction in areas, including experience with providers and office staff and success at getting needed care in a timely fashion. HEDIS and CAHPS not only measure the success of service to our members, but they also guide our planning and development of improved programs.

NCQA ACCREDITATION

NHPRI's mission, to serve as a catalyst for improved access and better health care in Rhode Island, closely parallels the mission of the National Committee for Quality Assurance (NCQA)—to improve the quality of health care. NCQA drives health plans' operating processes for delivering service to members. Health plan performance is scored in two ways: evaluation of plan processes (measured against NCQA "standards") and measurement of clinical outcomes for members—where HEDIS comes in.

We are proud to report that for the third straight three-year accreditation period, NHPRI achieved the highest accreditation ranking, "Excellent." This ranking reflects not only NHPRI's work, but also the hard and focused work of providers in bringing quality outcomes to members.

NATIONAL RANKING BY U.S. NEWS & WORLD REPORT

In the October 3, 2005, edition of *U.S. News & World Report*, NCQA and the magazine collaborated to rank the nation's commercial, Medicare and Medicaid health plans in order to provide health care consumers with valuable information to guide their care and coverage decisions. Health plan rankings were based on summary HEDIS/CAHPS categories containing different measures for commercial,

Medicare and Medicaid health plans, and factored in a plan's success in meeting NCQA accreditation standards. The categories included the following:

- Access to care
- Overall satisfaction
- Prevention
- Treatment
- Overall quality score

We are most pleased to report our rank as the third best Medicaid health plan in national rankings developed by NCQA and *U.S. News & World Report*. This assessment, like NCQA accreditation, also provides us with a road map for planning improved outcomes for members.

The *U.S. News & World Report* website offers consumers the ability to access detailed information about plan performance in specific areas. For a full report of the rankings, please visit www.usnews.com and type "best health plans" into the search box.

NCQA, HEDIS and national rankings are only applications of the critical and central lesson: Measurement is the tool that drives improvement. Measurement often shows us that our "assessment" of how we're doing misses the mark. Measurement provides guideposts for work to improve outcomes for our members and your patients. And improving outcomes is the most important of all our work.

L. McTyeire Johnston MD

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

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."

The Importance of Chlamydia Screenings

NHPRI asks for your continued help to improve the rate of chlamydia screening in Rhode Island. Pelvic inflammatory disease is the leading cause of preventable infertility among American women. In Rhode Island, health plan data indicates that less than 50 percent of sexually active women ages 15 to 25 are being screened annually for chlamydia, also a leading cause of pelvic inflammatory disease. Because chlamydia is an asymptomatic sexually transmitted disease, it is likely many women are infected and don't know it. With your help, we can change this fact and improve the health of the women in our care.

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians routinely screen all sexually active women age 25 and younger, and other asymptomatic women at increased risk, for chlamydia.

Age is the most important risk marker. Other patient characteristics associated with a higher prevalence of infection include being unmarried, being African-American, having a prior history of sexually transmitted disease, having

new or multiple sexual partners, having cervical ectopy and using barrier contraceptives inconsistently.

Screening high-risk young men is also indicated. Until the advent of urine-based screening tests, routine screening of men was rarely performed. Trials are under way to assess the effectiveness of screening asymptomatic men. Partners of infected individuals should be tested and treated if infected or treated presumptively.

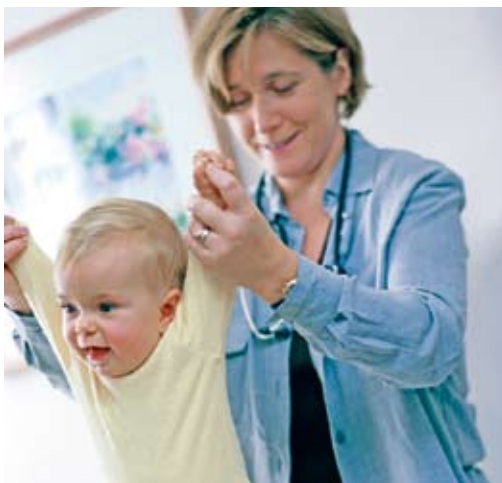
Urine tests for chlamydia, which yield highly sensitive and specific results, are noninvasive and may prove to be particularly useful in reaching asymptomatic, difficult-to-reach populations such as adolescents. Urine screening kits can be obtained at most labs in Rhode Island. ●

Please join our continued effort to increase chlamydia screening rates in Rhode Island and improve health outcomes for all patients. If you would like more information about obtaining urine screening kits, please contact Lisa Franchetti, NHPRI Health and Wellness Specialist, at 1-401-459-6092.



CLAIMS CORNER

- As a reminder, please be sure to obtain all obstetrical authorizations prior to claims submissions. This will avoid claims denials and subsequent retro adjustments.
- For reconsideration of Auto Audit denials, please fax your remittance advice and any corresponding support documentation to **1-401-459-6146**, attention: Quality Auditor.
- Please remember to put your four- or five-digit provider number—in addition to your four-digit vendor number—on the HCFA-1500 form. These numbers should appear in Box 33 PIN and GRP number. This is an NHPRI requirement, and claims may be denied if they are omitted.



CLINICAL GUIDELINE UPDATE

Access to NHPRI's guidelines on clinical practice, prenatal care and preventive health is available through our website, www.nhpri.org. Please note that the "Diagnosis of ADHD" and "Judicious Use of Antibiotics for Pediatric Upper Respiratory Infections" clinical practice guidelines were revised October 2005.

To access these guidelines on the site, click on "For Providers," then "Clinical Programs." Paper copies of all guidelines are available upon request; contact Lisa Franchetti at **1-401-459-6092**.

Breaking Through the Backlog: Open Access Success at Capitol Hill



The staff of Providence Community Health Centers at Capitol Hill

Providence Community Health Centers at Capitol Hill accepted the challenge of switching from traditional appointment scheduling to open access in summer 2005. “Frankly, I was nervous about giving up a full schedule for one that was essentially empty every day,” said Beth Toolan, MD, a pediatrician at Capitol Hill.

Yet future appointments were sometimes hard for her patients to keep, and having nurses pull paperwork for no-shows was a waste of time. Plus, parents were often frustrated at having to wait weeks or months to bring in kids for routine or nonurgent problem visits.

Now, under the open access system, Toolan and her staff do “today’s work

today.” Parents and their children experience more immediate care. Paperwork gets pulled for patients who may already be en route to the office. “The change has been worthwhile,” said Dr. Toolan.

SETTING THE STAGE FOR SUCCESS

“The transition to open access scheduling required effort,” said Merrill Thomas, Providence Community Health Center, Inc.’s CEO. “The board of directors made the financial commitment to get additional relief shifts for our staff approved. The hard work of our Capitol Hill staff made the transition possible.”

Cloe Charpentier, director of Providence Community Health Centers’ Capitol Hill facility, explained the options physicians

used for getting through existing patient backlogs. “Physicians worked extra hours or doubled up some appointments,” said Charpentier. “It created busy days for a month or so, but we pulled through. Some doctors were back to a more normal schedule in a matter of weeks.”

FOLLOWING UP

To further ease the transition, the center opened the switchboard one hour early to begin scheduling the day’s appointments. They also set up an electronic system to track patients instructed to call for follow-up. This helped ease Toolan’s mind from the start. “I was most concerned that patients who needed to come back in wouldn’t call, and then they’d slip through the cracks,” she said. “But we are able to follow up on patients who don’t call for their appointment.”

Under the open access system, there are still blocks of time each day for patients who require future appointments. On the whole, patients overwhelmingly approve of open access once they understand the benefits.

“Overall our ‘DNKA’ (did not keep appointment) rate has been cut in half, and our patients are pleased with the level of service they receive,” Charpentier said. “I’m confident Providence Community Health Centers will continue to reap the rewards of this great effort well into the future.” ●

SATISFACTION SURVEY UPDATE

- NHPRI’s 2005 provider satisfaction survey was administered to a random sample of our network practitioners and office managers in December 2005 through January 2006.
- This spring, NHPRI will once again assess our members’ satisfaction levels with their health plan and providers via the Consumer Assessment of Health Plans (CAHPS) Adult Medicaid survey. Required by the National Committee for Quality Assurance (NCQA), the survey will be administered by an external vendor to a random sample of our adult members. Look for results from both of these surveys in upcoming issues of *Neighborhood News*!

Help Patients Say Goodbye to Cigarettes

Smoking shortens the average smoker's life by 12 years. But by quitting, smokers may regain years that they would have missed. And though it's not easy, a great many Americans stop smoking for good each year.

Smoking is a complex addiction. Not only are smokers physically addicted to nicotine, but they also may be habituated to smoking as a behavior. It becomes automatic to light up when talking on the phone or having coffee, or some may smoke to ease uncomfortable feelings. That's why many smokers need help quitting.

What does work? Studies show that these are the most effective treatments, and that using them in combination offers the best chance of success:

■ Self-help groups lend support to smokers. These groups help with the psychological part of quitting—for example, how to change smoking behaviors into nonsmoking ones, or how to cope with withdrawal. Some programs achieve quit-smoking rates as high as 20 percent.

■ Nicotine replacement therapy (NRT) helps ease physical withdrawal symptoms by slowly weaning a smoker off nicotine. There are four types of NRT: over-the-counter gum and skin patches, and prescription nasal spray and inhalers. All may be effective, especially when used with behavioral counseling. The best choice mainly depends on your patient's preference.

■ The prescription antidepressant bupropion also can lessen craving and withdrawal symptoms. Used alone, it works for about 10 to 20 percent of smokers. In combination with behavioral counseling, it's even better: 25 to 30 percent of smokers who use bupropion with a form of NRT stay smoke-free after one year.

If your patients are ready to stop smoking, talk to them about which strategies are right for them. ●

If you need help with a behavioral health referral, call Beacon Health Strategies at 1-800-215-0058 or visit Beacon's website at www.beaconhealthstrategies.com.

EMERGENCY CONTRACEPTION: PART OF ROUTINE CARE

Emergency contraception is pregnancy prevention after unprotected sex, suspected contraceptive failure or rape. Emergency contraception is a subject that should be discussed by clinicians at routine visits with all women who may be at risk for unintended pregnancy.

Emergency contraceptive pills (ECPs) are the most commonly used emergency contraception. **Plan B** (levonorgestrel alone) is a brand of ECPs designed and approved by the FDA specifically for this use. It is packaged with clear instructions for use and is covered by NHPRI with a prescription. Plan B is taken in one dose or in two doses 12 hours apart; to be effective it should be taken within 120 hours of unprotected intercourse. Plan B is 85 to 89 percent effective in preventing pregnancy and has few side effects.

There are no medical contraindications to ECP use. Known pregnancy is a contraindication, but this reflects the lack of benefit rather than any risk to the pregnancy, since use of hormonal contraception during early pregnancy carries no risk of damage to an embryo.

The sooner emergency contraception is taken, the more effective it is, so routine education of women on this subject is most important. Advance prescription for ECPs is appropriate and should be offered to all women who are sexually active. This will increase a patient's awareness and her ability to access the medication as soon as possible when she needs it.





RHODE ISLANDERS WITH ASTHMA NEED YOU!

Who: Nurses, respiratory therapists, pharmacists and other health care professionals.

What: To become certified asthma educators (AE-C) by taking the National Asthma Education Certification Board (NAECB) exam.

Why: To educate people with asthma to better self-manage their condition. Reimbursement is now available from Neighborhood Health Plan of Rhode Island and Blue Cross Blue Shield of Rhode Island for asthma education by a certified asthma educator.

When: Examination is delivered by computer at a special center in Rhode Island on Monday through Friday, 9 a.m. to 1:30 p.m. by appointment.

How: Register online at www.naecb.org or submit a paper application by downloading the candidate handbook at the site. The fee for this exam is \$275.

Preparation courses for the exam are available. For more information, call Tina Ragless at American Lung Association of Rhode Island at **1-401-421-6487**. They maintain a registry of certified asthma educators working in Rhode Island. A certified educator will need to be credentialed with a health plan to receive reimbursement from that plan. For further information, call Dorothy Erickson at Neighborhood Health Plan of Rhode Island at **1-401-459-6127**.

PROVIDER NEWS

Spirometry Important in Quality Asthma Care

The NHPRI Asthma Program has clinical practice guidelines for the diagnosis and management of asthma that mirror those developed by the National Asthma Education and Prevention Program (NAEPP). NHPRI also endorses the “Key Clinical Activities for Quality Asthma Care” report released in 2002 by NAEPP/CDC as a companion to those guidelines. Both emphasize the importance of **spirometry** in asthma diagnosis and management for adults and children older than 5.

Recommendations in the guidelines for asthma diagnosis include:

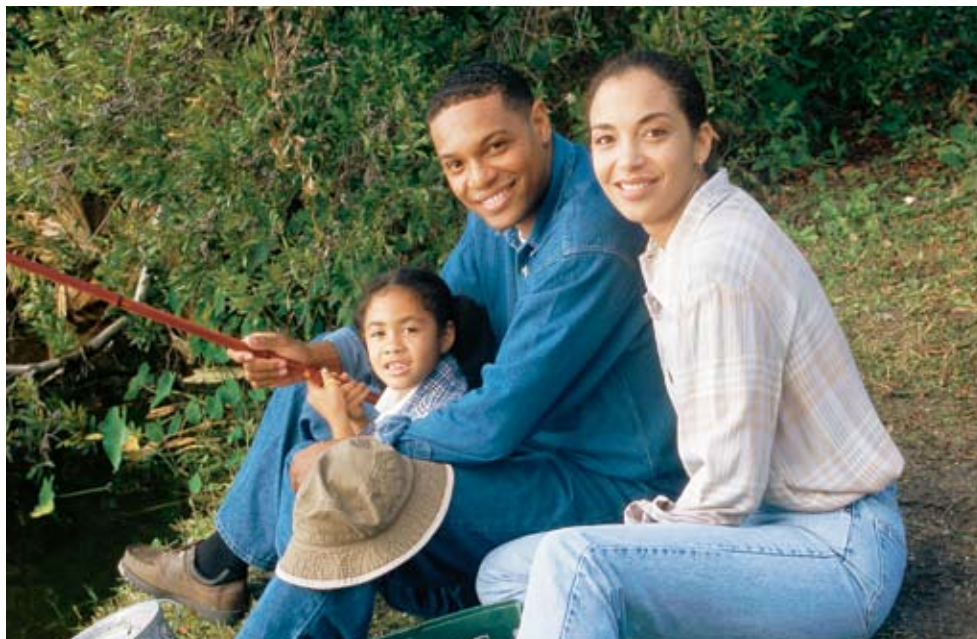
- a careful history and physical examination
- documentation of reversible airflow obstruction using spirometry in adults and children older than 5
- ruling out other conditions.

A key to asthma management is regular outpatient follow-up for members with persistent asthma. Guidelines recommend routine follow-up visits every one to six months, depending on asthma severity and control. NHPRI annually measures the percentage of members identified with persistent asthma who have at least two

visits per year for asthma follow-up, either at a routine preventive visit or at a special asthma visit. This percentage in 2004 was 77 percent, with children more likely to get routine follow-up than adults.

The NAEPP/CDC report stresses that “routine care includes clinical assessment of airway function over time. Spirometry is recommended at the initial assessment and at least every one to two years after treatment is initiated. Spirometry as a monitoring measure may be performed more frequently, if indicated.” An NHPRI chart review in 2004 of a sample of members with clinical asthma showed that only 17 percent of members older than 5 had documentation of spirometry within the previous two years.

Quality asthma care includes regular follow-up of patients with asthma and routine use of spirometry for diagnosis and assessment of control. NHPRI covers the cost of spirometry for our members with asthma, whether it is done in the office or by referral. NHPRI depends on its practitioners to work with us to improve asthma care for our members. ●



Inactive Patients? Cut Through the Excuses

About two out of every three adults are not getting enough exercise. Chances are that many of your patients are struggling, or not trying, to get at least 30 minutes of moderate exercise on most days of the week. To help them reap the health benefits of exercise, share with them some of these simple solutions to common excuses for not exercising:

EXCUSE: I'M TOO BUSY

- Find ways to squeeze exercise into your daily routine. For example, stretch while you watch television. Or walk or ride your bike to work, if possible.
- Take a walk break instead of a coffee break.

EXCUSE: I'M NOT ATHLETIC

- Walk or climb stairs for exercise.
- Find an exercise companion who is at your same skill level.
- Take a class to learn a new exercise skill.

EXCUSE: EXERCISE IS TOO EXPENSIVE

- Walking and jogging cost nothing. A jump rope is cheap, too.

- Check out low-cost options in your neighborhood, such as park-district fitness programs.

EXCUSE: I'M TOO TIRED

- Schedule exercise for when you tend to feel the most energetic, such as on your lunch hour.
- Do it anyway. Exercise will actually give you more energy.
- Walk or ride your bike on weekend days.

EXCUSE: EXERCISE IS TOO BORING

- Exercise with a friend.
- Identify activities that you enjoy, such as playing basketball.
- Alternate exercises. Dance to your favorite music one day, and bike the next.

EXCUSE: I CAN'T LEAVE MY KIDS ALONE

- Work out with a video or do energetic housework while your children nap or play.
- Trade baby-sitting time with a friend or relative. ●



HELP YOUR PATIENTS STAY ELIGIBLE FOR RITE CARE HEALTH INSURANCE

Did you know that NHPRI members need to renew their health insurance at least once a year? Please help us remind members of this fact and direct them to the Department of Human Services (DHS), **1-401-462-5300**, with any questions. Also, if you learn that an NHPRI member has moved or changed mailing address, please remind her/him to contact both NHPRI and DHS with this information. These reminders may seem like small gestures, but they can have a big impact in helping children and families stay well.

ENROLLMENT GROWING FOR OPTIMA

NHPRI's initiative with Blue Cross and Blue Shield of Rhode Island to serve the "dual eligible"—Medicaid/Medicare—population continues to grow and gain members. Since January 1, 2006, the new product, called Blue CHiP for Medicare Optima, has enrolled more than 1,600 people. Many new enrollees have elected to participate in Optima's care management services, delivered by the nurses and staff at NHPRI. Together with practitioners, NHPRI's nurse case managers help members develop and achieve health care improvement goals, make appointments, coordinate home health services and find transportation to provider offices.

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 1-401-459-6030). Our Member Services Department is also available to assist with member education and outreach to ensure that our members' and providers' needs are being met. Contact Member Services at 1-800-459-6019 or 1-800-963-1001.



Neighborhood News

Neighborhood News is published by Neighborhood Health Plan of Rhode Island for its network practitioners. The information is intended to update and educate practitioners and staff on relevant topics and, in turn, help improve access, health and systems in Rhode Island. © 2006. Printed in U.S.A.



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Walking Resource List

Neighborhood News occasionally includes community resource lists for providers to share with their patients. For this spring edition, we offer you a listing of some popular outdoor spots in Rhode Island where people can walk. We hope you and your patients find this information useful.

Barrington—Osamequin Nature Trails

Bristol—Colt State Park, Route 114

Burrillville—Pulaski Memorial Recreation Area, Route 44

Chepachet—Heritage Park, Chestnut Oak Road

Coventry—Coventry Greenway and Crosstown Bike Path

Cranston—Cranston Bike Path

Cumberland—Diamond Hill State Park, Route 114

East Greenwich—Goddard Memorial State Park, Ives Road

East Providence—Haines Memorial State Park, Route 103

Exeter—Arcadia State Park, off Route 165

Jamestown—Eldridge John Recreation Area, East Shore Road

Lincoln—Lincoln Woods State Park, Route 123

Newport—Cliff Walk, Memorial Boulevard

Pawtucket—Slater Memorial Park, Route 1A

Providence

■ Broad Street—S. Providence Neighborhood Ministries (747 Broad St.) organizes free, bilingual, exercise support groups. Call (401) 461-7509.

■ Blackstone Boulevard, Providence's East Side

■ Rogers Williams Park, Elmwood Avenue

Scituate—Scituate Reservoir—Gainer Dam, Route 116

Warwick—Buttonwoods State Park

Westerly—Napatree Point, Watch Hill Village



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.