

FALL 2007

## PROVIDER NEWS

### Caring for Patients Across Language Barriers



As the U.S. population changes, limited English proficiency (LEP) patients—those who have difficulty speaking or understanding English—may be more common in your practice.

Studies show these patients are more likely to experience medication complications, misdiagnoses and other health care nightmares. But, there are steps you can take to reduce these risks and ensure a successful office visit.

#### Assessing Patients' Needs

Identify LEP patients by asking how well they speak English. Those who indicate they don't speak English well, don't appear to understand what you're saying or answer questions inappropriately may need special assistance.

Unless you are fluent in the patient's

native language, it's a good idea to use an interpreter. Trained medical interpreters understand the terminology and adhere to a code of ethics. Find them through local hospitals, universities and social service programs. Neighborhood can assist you by arranging on-site translation services for our members.

Don't rely on the patient's friends and family, or even untrained bilingual staff members, to translate. These ad hoc interpreters don't always understand medical concepts and tend to omit or add information. In addition, patients may withhold sensitive information in their presence.

#### Enhancing Understanding

The following tips can help ensure effective communication with LEP patients:

- Avoid appearing rushed. Give patients plenty of time to ask questions and express concerns. Assure them it's acceptable to do so.
- Use simple language instead of jargon. Keep sentences brief, and pause to allow time for translating or questions.
- Provide important documents—including instructions and education materials—in the patient's native language.
- Use diagrams and pictures to clarify complex medical concepts.
- Ask the patient to repeat back information about diagnoses and care instructions. ●

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Stephen Davis, M.D.  
Associate Medical Director

## PROVIDER NEWS

# Formulary Management Practices Hold Down Prescription Costs While Maintaining Access

It's no secret that pharmaceuticals continue to be one of the largest and fastest growing segments of the cost of health care. Neighborhood's Pharmacy and Medical Management departments work together to manage the cost of providing drugs to the Neighborhood membership. These two departments are also responsible for assuring access to an array of drugs that meets the needs of Neighborhood's diverse patient populations.

Unlike some commercial insurers who have moved toward benefit designs that "manage" pharmacy by simply shifting costs to patients through increased copays and coinsurance, Neighborhood relies on its formulary management practices to help hold down costs while maintaining access.

Neighborhood's formulary is maintained by its Pharmacy and Therapeutics (P+T) Committee. The P+T Committee's primary responsibility is the selection and promotion of drugs to be included on Neighborhood's formulary. The committee is made up of local physicians and pharmacists from Neighborhood's provider network. They represent a variety of medical expertise including

Internal and Family Medicine,  
Pediatric, Behavioral  
Health,

and Respiratory Diseases. As needed, the committee solicits input from other subspecialties.

The process of selecting which drugs are included on Neighborhood's formulary begins with a thorough and comprehensive review of the clinical literature associated with the drug. The committee focuses on the safety and efficacy of the drug relative to other therapies (both pharmaceutical and non-pharmaceutical) available to treat the same condition or disease. They also review information related to the drug's cost relative to alternative therapies.

In the end, the committee is charged with selecting drugs that represent the best "value" for Neighborhood's members. Often this involves the promotion of generic and OTC products (many OTC drugs are covered under Neighborhood's drug benefit) as alternatives to more expensive brand-name drugs. Currently, more than 77 percent of all Neighborhood prescriptions are for generic or OTC drugs. As part of the effort to promote generic drug use, the P+T Committee carefully monitors the "pipeline" of new brand and generic products. This helps Neighborhood avoid the introduction of new costly brand-name drugs that are sometimes

launched just before the patent expiration of older brand-name products (e.g. Nexium's® launch at the time when Prilosec® became available as a generic).

Beyond generics, the P+T Committee also looks for opportunities to promote select brand-name drugs over other brand-name products. These decisions are sometimes driven by wide variations in the cost of drugs considered to be therapeutically similar. There is up to a 37 percent difference in the cost of brand-name PPI agents and a 39 percent variation in brand-name statins.

The P+T Committee acknowledges that there are always situations when the patient and/or provider needs may not be met by the drugs on the Neighborhood formulary. There are two "safety-net" procedures for these situations. The "step-edit" is a fully automated process that allows for payment of a non-formulary drug when the similar formulary drug has been previously prescribed, as with Lipitor® after simvastatin. The prior authorization (PA) procedure involves a fax or call that provides more information about why a specific drug is needed. PAs are reviewed by Neighborhood's Clinical Pharmacist and/or by the Associate Medical Director. More than 99 percent of PA requests are approved.

Neighborhood is committed to meeting the needs of both its provider network and the patients that they care for. In that spirit, Neighborhood welcomes feedback and input regarding its formulary management processes and related P+T Committee activity. Please call me if you have questions or comments. I can be reached at 1-401-459-6015. ●

*Stephen Davis*



# Flu Shot Updates and Recommendations for 2007

The CDC Advisory Committee on Immunization Practices (ACIP) recently released the following changes and updates in recommendations for the flu vaccination for 2007.

These recommendations were presented to the full ACIP, and approved in February 2007.

The 2007 recommendations include six principal changes or updates:

- ACIP reemphasizes the importance of administering 2 doses of vaccine to all children aged 6 months—8 years if they have not been vaccinated previously at any time with either LAIV (doses separated by >6 weeks) or TIV (doses separated by >4 weeks), on the basis of accumulating data indicating that

2 doses are required for protection in these children.

- ACIP recommends that children aged 6 months—8 years who received only 1 dose in their first year of vaccination, receive 2 doses the following year.

- ACIP reiterates a previous recommendation that all persons, including school-aged children, who want to reduce the risk of becoming ill with influenza, or of transmitting influenza to others, should be vaccinated (see Box and Recommendations for Using TIV and LAIV During the 2007 Influenza Season).

- ACIP emphasizes that immunization providers should offer influenza vaccines and schedule immunization

clinics throughout the influenza season.

- ACIP recommends that health care administrators consider the level of vaccination coverage among health care personnel (HCP) to be one measure of a patient safety quality program, and implement policies to encourage HCP vaccination (e.g., obtaining signed statements from HCP who decline influenza vaccination).

- The 2007-2008 trivalent vaccine strains are A/Solomon Islands/3/2006 (H1N1)-like (new for this season), A/Wisconsin/67/2005 (H3N2)-like and B/Malaysia/2506/2004-like viruses.

For a complete review of the 2007-2008 ACIP influenza vaccination recommendations, go to [www.cdc.gov](http://www.cdc.gov). ●

## Childhood Vaccinations: It is Better to Prevent Than To Treat

At Neighborhood, we believe that disease prevention is the key to good health, as it is always better to prevent a disease than to treat it. Vaccines prevent diseases in the people who receive them and also help to protect the health of our community, especially those people who are not immunized (those who are too young to be vaccinated, those who cannot be vaccinated for medical reasons, and those who do not respond well to vaccinations and/or have an inadequate response or who have not developed immunity as of yet).

Vaccine-preventable diseases can have a huge financial impact, resulting in doctor's visits, hospitalizations, missing work days and even premature deaths.

Neighborhood believes in the importance of childhood vaccines and implements targeted interventions to educate the head of households (HOH) of our child members. This outreach includes:

1. Partnering with KIDSNET, (Rhode Island's integrated information system for children, which facilitates the collection and sharing of preventive health service data with healthcare

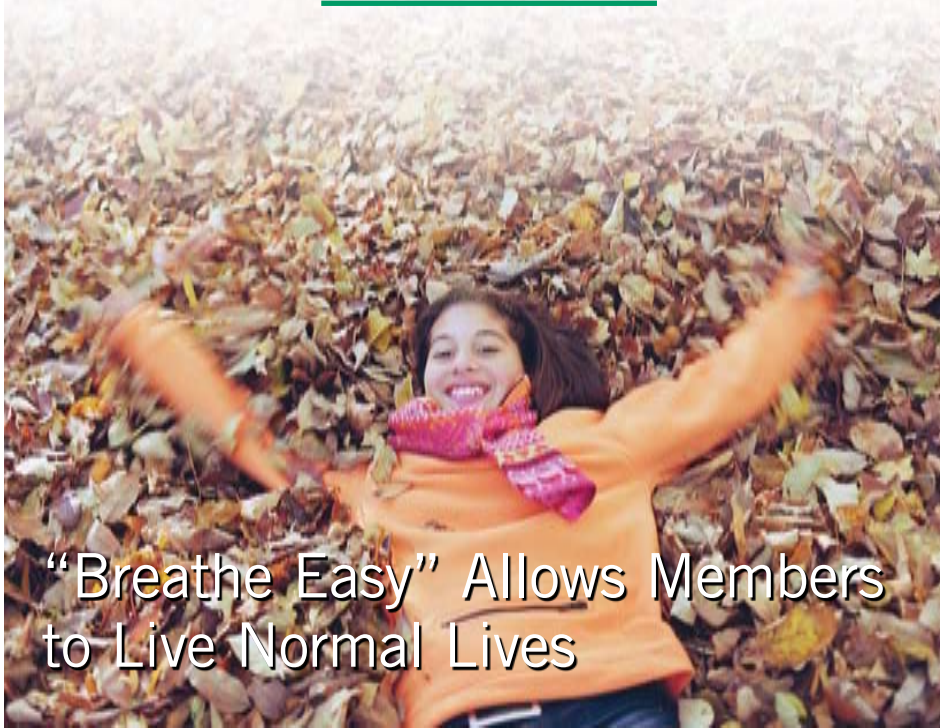


providers) to identify those children who are behind in their vaccination schedule.

2. Conducting targeted outreach calls on a quarterly basis to the HOH of those children needing vaccinations.
3. Sending out quarterly educational mailings to the HOH of our child members emphasizing the importance of immunizations. ●

For more information on Neighborhood's Childhood Immunization Program, please contact Deborah Durning at 1-401-459-6178.

## PROVIDER NEWS



### “Breathe Easy” Allows Members to Live Normal Lives

The goal of Neighborhood’s asthma program, Breathe Easy, is to enable and empower members with persistent asthma to live normal, healthy lives, confident in their abilities to manage asthma. Built on evidence-based medicine, the asthma program provides education and reinforcement of the physician’s care plan.

Neighborhood has developed/adopted clinical practice guidelines for the asthma program based on nationally recognized clinical guidelines, such as those of the National Heart, Lung and Blood Institute. Program components, member education and provider support are all based on these guidelines.

Members identified with persistent asthma receive periodic educational materials that address topics such as the use of anti-inflammatory medications for persistent asthma, the importance of establishing a written asthma action plan, the need for regular physician visits and the importance of annual flu shots. The Asthma Control Test, developed by the American Lung Association, is also mailed annually to members, to assess their perceived level of asthma control. An Asthma Case Manager provides intensive case management and care coordination to specific members who may have had a recent

asthma-related hospitalization.

Neighborhood encourages asthma education for all members with asthma. Children with asthma and their parent(s) can attend the Draw a Breath Program at Hasbro Children’s Hospital in Providence, held in both English and Spanish. Neighborhood offers in-home asthma education through the VNA of RI. Our Asthma Case Manager can assist with the referrals to these and other resources, and may be reached at 1-401-459-6132.

Neighborhood also provides physicians with actionable information derived from health plan claims and pharmacy data to improve patient outcomes. Quarterly reports are sent to selected practice sites to inform them of asthma care milestones achieved/unachieved, specifically detailing whether the practice’s members with asthma have filled their controller medication prescriptions, visited the emergency room or have been hospitalized for an acute exacerbation. ●

For questions about Neighborhood’s asthma program, Breathe Easy, and how to enroll a member, please contact Nancy Harrison at 1-401-459-6127.

### REMINDER: BILLING PRACTICES

In their contract with Neighborhood, practitioners accept the Neighborhood 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 Neighborhood members for services provided by the practitioner under their agreement with Neighborhood.

Our practitioners, their staff and billing subcontractors may contact Neighborhood’s Customer Service Department at 1-401-459-6020 with billing issues.

Neighborhood’s Customer Service Department is also available to assist with member education and outreach to ensure that our members’ and providers’ needs are being met.

To view up-to-date pharmacy changes approved by Neighborhood’s Pharmacy and Therapeutics Committee, please visit our website at [www.nhpri.org](http://www.nhpri.org), then follow the links “For Providers” and “Pharmacy Info.”



# Domestic Violence: Resources for Providers

By Donna Watson, LICSW, Clinical Manager

**D**omestic violence (DV) is synonymous with intimate partner violence (IPV) and often goes unreported. DV or IPV is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.<sup>1</sup>

## Facts

- It is estimated that two to four million women in the United States are assaulted by a domestic or intimate partner every year.<sup>2</sup>
- At least one in every three women has been beaten, coerced into sex or otherwise abused in her lifetime.<sup>3</sup>
- Up to 35 percent of women and 22 percent of men present to the emergency department with violence-related injuries.<sup>4</sup>

Domestic violence occurs in every community, across all social classes and in all ethnic and religious groups, including immigrant and refugee populations. All health care professionals who are providing care are treating patients affected by domestic violence and are in a position to identify and intervene on behalf of victims.

Looking beyond physical harm, domestic violence is connected to risk factors for chronic health problems. Physical and

psychological injuries related to abuse are linked to adverse medical health effects, including arthritis, chronic neck or back pain, migraines, sexually transmitted infections, ulcers and irritable bowel syndrome.<sup>5</sup> The psychological impact of abuse may affect a victim's ability to manage chronic illnesses such as asthma, seizures, diabetes, gastrointestinal disorders and hypertension.<sup>6</sup> Victims of abuse are more likely to participate in injurious health behaviors including smoking, substance use and high-risk sexual activity. Abuse significantly increases the risk for serious mental health consequences, including depression, posttraumatic stress disorder, anxiety and suicidal ideation.<sup>7</sup>

Providers who routinely screen for domestic violence play a vital role in the timely identification and treatment of their patients. Educating your patients on how abuse impacts their health will encourage and promote self-care, thus it is important that providers be knowledgeable about interventions and community resources.

The following suggestions can be implemented into your clinical practice:

- Routinely screen all patients over the age of 14 at the first visit, and annually thereafter.
- Screen patients privately and in a confidential manner.
- Ask questions directly and in a nonjudgmental, culturally competent manner.
- Establish protocols and conduct trainings for staff that include guiding principles, routine assessment, intervention,

documentation strategies, reporting policies and confidentiality rules.

- Keep multicultural and multilingual materials about victims, perpetrators and resources in your office setting. ●
- Resources are available. The Family Violence Prevention Fund (FVPPF) works to educate health care providers across the country about how to identify and help victims of abuse. FVPPF has developed the *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*. These guidelines can be accessed via their website, at [www.endabuse.org/programs/healthcare/files/Consensus.pdf](http://www.endabuse.org/programs/healthcare/files/Consensus.pdf). The American Medical Association also has developed a guide for physicians, *Diagnostic and Treatment Guidelines on Domestic Violence*, that can be accessed at [www.ama-assn.org/ama1/pub/upload/mm/386/domesticviolence.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/386/domesticviolence.pdf).

There is also The National Domestic Violence Hotline, at [www.ndvh.org](http://www.ndvh.org) or 1-800-799-7233 (SAFE). ●

## CLINICAL PRACTICE GUIDELINES UPDATE

We have updated the Diagnosis of ADHD Clinical Practice Guidelines. To access these guidelines, go to our website and click on "For Providers," then "Clinical Programs." Paper copies of all guidelines also are available upon request. Access to Neighborhood's guidelines on clinical practice, prenatal care and preventive health also are available through our website, [www.nhpri.org](http://www.nhpri.org). Contact Cesarina Elias, at 1-401-459-6087, for more information.

<sup>1</sup>Family Violence Fund (1999). *Preventing Domestic Violence: Clinical Guidelines on Routine Screening*. Family Violence Prevention Fund. San Francisco, CA.

<sup>2</sup>Massey, J. *Domestic Violence in Neurologic Practice*. *Archives in Neurology*. 1999;56:659-660.

<sup>3</sup>Heise, L., Ellsberg, M. and M. Gottemoeller. *Ending Violence Against Women*. *Population Reports*, Series L, No. 11. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, December 1999.

<sup>4</sup>Jane Doe Inc. *Massachusetts Coalition Against Sexual Assault and Domestic Violence*. Boston, MA 2005

<sup>5</sup>Massey, J. *Domestic Violence in Neurologic Practice*. *Archives in Neurology*. 1999;56:659-660.

<sup>6</sup>Danielson, K., Moffit, T., Caspi, A., and Silva, P. (1998). *Com-morbidity Between Abuse of an Adult and DSM-III-R Mental Disorders: Evidence From an Epidemiological Study*. *American Journal of Psychiatry*, 155(1).

<sup>7</sup>Gelles, R.J. and Harpo, J.W. (1989). *Violence, battering, and psychological distress among women*. *Journal of Interpersonal Violence*, 4(1).

## 2006 Provider Satisfaction Survey Results Are In



Results of the 2006 Provider Satisfaction Survey indicate that overall satisfaction with, and loyalty to, Neighborhood remains high among our network providers. However, physician and office manager satisfaction with discreet attributes of Neighborhood's service appears to be low. Still, respondents' satisfaction with Neighborhood services was consistently higher than the satisfaction levels they reported regarding the other plans in RI with which they do business.

Surveying provider satisfaction annually allows Neighborhood to gauge network physicians' and office managers' satisfaction with services performed by the plan. By contracting with an external survey vendor, The Myers Group, to administer the survey, we ensure a uniform, confidential mechanism for providers to report their experiences with Neighborhood. Survey results are used to help identify areas of dissatisfaction and opportunities for improvement.

Results of the 2006 Provider Satisfaction Survey reveal strengths and also some areas for improvement:

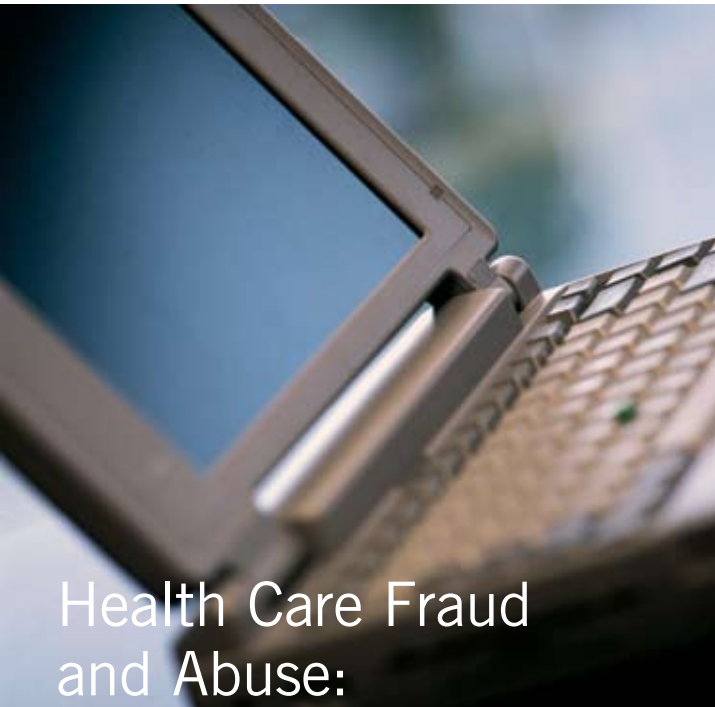
- Both physicians and office managers are most satisfied with the responsiveness and courtesy of the health plan's provider relations representatives.
- Physicians are least satisfied with reimbursement rates and the frequency of communication from behavioral health practitioners regarding their patients. Office managers are least satisfied with member services' functions, with primarily members' understanding of their benefits and the referral process and with finance issues, namely reimbursement rates.
- Scores regarding overall satisfaction and loyalty with the plan are high among both physicians, 86.4 percent, and office managers, 96.4 percent.

Surveys were distributed in December 2006 to 594 network physicians and 241 office managers, with 32 percent and 39 percent responding, respectively.

The next Provider Satisfaction Survey will be administered in late 2007. ●

### **HOW TO GAIN ACCESS TO UM CRITERIA**

To make Utilization Management decisions, Neighborhood Health Plan of Rhode Island (Neighborhood) uses written criteria based on sound, clinical evidence and specifies procedures for appropriately applying the criteria. Neighborhood 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 Kathleen Calandra, Neighborhood's Manager of Utilization and Clinical Medical Policy, at **1-401-459-6044** for the UM criteria information, or if you have any related questions or concerns.



# Health Care Fraud and Abuse:

## What We're Doing

This is the third of Neighborhood's series of articles on the prevention of fraud and abuse. In the second article "How You Can Help" (Summer, 2007), we stressed the importance of using correct coding. In this article, we'll explain a major step that Neighborhood is taking.

### Software Solution

Neighborhood has recently acquired Virtual Examiner. Virtual Examiner is a technologically advanced tool that helps eliminate billing fraud and abuse by highlighting potential aberrant billing practices. Using nationally recognized payment and coding guidelines, Virtual Examiner allows the Claims Examiner to pend, edit or deny claim entries.

Compliance programs have been implemented throughout the health care industry in an effort to ensure appropriate payments and responsible distribution of limited funds. Here in Rhode Island, health plans involved with Medicaid programs are required by the Department of Human Services to actively monitor, track and report suspected abuse, including notification to the Attorney General.

Aside from these components, Neighborhood's own compliance plan also includes provider education and appeals procedures for disputed actions.

Enhanced technology, like Virtual Examiner, is a means of assuring the financial integrity of our providers.

Starting in August, your Remittance Advice began to reflect the impact of enhanced claims editing, identifying any billing practices that fall outside industry standards. Please use any information you may receive as a useful tool in which to review and make adjustments. Resubmissions and reconsideration actions may be initiated according to our contractual agreements. Please contact Neighborhood Customer Service, at 1-401-459-6020, with any billing issues.

Together we can work to stop fraud and abuse, and to prevent the misuse of health care dollars and benefits. ●

### 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.

### CLAIMS CORNER FALL 2007

If you need to send in corrected claims and/or medical records, please fax these directly to the Claims Department at 1-401-459-6146.

Please be sure to clearly indicate if your claim is corrected, to help us avoid denying your claim as a duplicate in error. Avoid unnecessary delays—if a handwritten correction is made, please initial and date your changes.

If you would like to request a claims retraction or adjustment, please feel free to fax or mail your request to the attention of the Claims Department. Please include a copy of the original RA, as well as the reason for the adjustment.

**?** DID YOU KNOW... Each page of a medical record ■ should clearly identify the patient? Also, all records should be legible and should document all services billed.



# Physician Assistants Now Need to Be Credentialed

Neighborhood wishes to inform you that effective November 1, 2007, all Physician Assistants (P.A.'s) must become individually credentialed. As of January 1, 2008, P.A.'s who are not credentialed, or have not submitted an application to become credentialed, will not be able to provide care and treatment to Neighborhood members.

The physician assistant credentialing criteria is as follows:

- Complete credentialing application (hard copy of either CAQH or Neighborhood)
- Physician Assistant Questionnaire
- CLIA Certificate (if laboratory testing is done at the practice site)
- Copy of state license
- Copy of DEA certificate
- Name of supervising physician and description of P.A.'s responsibility at the site
- Current curriculum vitae documenting work history for the last 5 years, or completed work history section of the credentialing application
- Current copy of malpractice insurance certificate (1m/3m)
- Signed addendum
- W-9



## Neighborhood News

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The application will be processed in accordance with Neighborhood's credentialing policies and procedures.

### Practice Setting

P.A.'s will be credentialed at facilities with contracted physicians (urgent care facilities, primary care sites, specialty groups). The P.A. must practice the same specialty as the supervising physician. However, they will not be assigned patient panels at primary care sites. The P.A. will assist in surgery in the absence of a resident practitioner. The reimbursement for the P.A.'s will follow national guidelines. ●

If you have any questions related to our credentialing requirements, or the status of your credentialing/re-credentialing application, please feel free to contact us at 1-401-459-6020.



### CITIZENSHIP AND IDENTITY: REMINDING PATIENTS TO GATHER DOCUMENTATION

A new federal law may require all patients covered by Medicaid, including Neighborhood members, to prove their U.S. citizenship when reapplying for benefits. Because obtaining these documents may take several weeks, remind your patients at each visit.

#### Members who are 16 or older may need:

U.S. passport or certificate of naturalization

OR

Birth certificate and either a driver's license or state photo ID card or school photo ID

#### Members younger than 16 may need:

U.S. passport or certificate of naturalization

OR

Birth certificate and either a parent's signature on application or attestation form verifying identity for children younger than 16 or school photo ID

For more information, go to:

[www.nhpri.org](http://www.nhpri.org)

[www.dhs.ri.gov/dhs/what-new/fed\\_citiz\\_req.htm](http://www.dhs.ri.gov/dhs/what-new/fed_citiz_req.htm)

### IMPORTANT REMINDER

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