

PROVIDER NEWS

Prepare Your Patients for New Medicaid Requirements

As you may know, a new federal law requires those covered by Medicaid, including your patients through Neighborhood Health Plan of Rhode Island, to prove their U.S. citizenship and identity when reapplying. As a health care provider for Neighborhood, it's important to ensure that your patients understand the new requirements. "These new requirements have already had a significant impact on RIte Care and state-sponsored health insurance programs in other parts of the country," said Mark E. Reynolds, chief executive officer for Neighborhood. "Many participants are having a hard time understanding the complicated rules and are losing health coverage."

Take some time and make sure your patients understand what is required of them. **Members who are 16 or older 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 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

Other documents may also be acceptable to prove citizenship and identity.

For a complete list of acceptable documents, go to www.nhpri.org.

Everyone in your office who has contact with patients should be informed about the new requirements and able to answer patients' questions. If patients don't have the necessary documents for themselves or their children, they can go to the Department of Human Services website, www.dhs.ri.gov.

Be sure to encourage your patients to start the process to get missing documents now, since it may take several weeks to obtain them.

"Frequent and consistent communication from many sources, including health care providers, is critical for members to overcome this administrative burden and ensure continuity of care," said Reynolds. Neighborhood appreciates your efforts on behalf of your patients to make sure they continue to receive the care they need. ●

IF YOU OR YOUR STAFF HAS QUESTIONS ABOUT THE NEW MEDICAID REQUIREMENTS, CALL CUSTOMER SERVICE AT 1-800-459-6019.



RECENT CHANGES!
Providers required to submit their National Provider Identification number see page 4
UB-04 replaces UB-92 see page 5

On the Inside:

TEACHING PATIENTS SELF-MANAGEMENT SKILLS page 2 • QUIT FOR LIFE: NEIGHBORHOOD'S SMOKING CESSATION PROGRAM page 3 • ASTHMA TRIGGER MANAGEMENT IN PATIENT CARE page 4 • OBESITY AND BINGE EATING DISORDER page 5 • CLINICAL TRIAL TO STUDY DEPRESSION CARE FOR LATINOS page 6 • CHLAMYDIA AND PELVIC INFLAMMATORY DISEASE page 7 • HEALTH CARE FRAUD AND ABUSE: YOU CAN HELP page 8 •



L. McTyeire Johnston, MD,
Chief Medical Officer

PROVIDER NEWS

Teaching Patients Self-Management Skills: The Road to Better Outcomes

As a fourth-year medical student, I spent some time in the office of Charles L. Hill, MD, a highly respected Providence physician and ENT surgeon.* As I noted the volume of educational posters and anatomic models in his exam rooms, his teaching quickly got to the point: The most important role a physician can play is that of teacher. Successful teachers yield healthy students, and a healthy student was, after all, the goal of a physician's work.

For our patients, today's health needs are changing quickly—needs for preventive care continue to grow, for example the recent introduction of important vaccines. Plus, the impact of successful patient self-management of chronic conditions is increasingly apparent, such as with improved asthma education.

As a health plan and as providers, we face similar challenges:

- How do we put the responsibility for successful health care management in the hands of our patients?
- How do we help patients to help themselves, to improve their thinking about making changes and to succeed?
- As Dr. Hill would have asked, how do we become the most successful teachers of our patients?

Self-management support is the education, resources, and encouragement provided to our members to help them succeed in the critical challenges of seeking

wellness, managing illness and making informed decisions about care. Achieving healthy lifestyles requires help for the patient from insurers, employers and disease case management programs. Patients need providers' clinical support, including attention to the patient's "adjustment to illness." Healthy options help to get people more engaged in their health care. But unless it's combined with environmental changes, the improvements might not happen.

In order to maintain healthy lives, people with chronic conditions and their families need the ability to manage day-to-day activities related to their condition and situation. This typically involves following complex medical regimens combined with lifestyle changes such as weight loss or increasing exercise. Examples of self-management include those with asthma who know their triggers and understand control medications, those with diabetes who test their blood sugar and overweight individuals who eat healthy foods and exercise.

Self-management isn't easy. It includes three critical aspects: clinical management of the condition, adapting everyday activities and dealing with emotional adjustments, especially depression. Integrating these aspects into our members' other, daily responsibilities and challenges is not easy. But there are clear-cut ways we can help them to

achieve better self-management and better health:

- First and foremost, patients must be educated. They must understand the whats and the whys. Without understanding, there will be no action.
- Second, members may be able to make health improvements only if they are ready to make a change—when the motivation for and benefits of change are apparent to them. Assessment of readiness is important.
- Finally, we must back up our teaching with ongoing support by encouraging patients to engage in healthy behaviors and by becoming true partners in their efforts at self-management.

As a health plan, we invest energy and intensity into education: smoking cessation strategies for members, chronic care collaborative training for providers and one-on-one teaching by our case managers. But health plans are only part of the team; the professional expertise of providers is critical in addressing the biological, psychological and social contexts for self-management.

Becoming effective teachers requires the insight, planning and commitment of all of us. The result is a better informed, and healthier, patient. And that, as Dr. Hill taught, is the goal of our work. ●

L. McTyeire Johnston MD

*As well as being a senior leader in ENT services at Rhode Island Hospital, Dr. Hill served as Vice President of the Rhode Island Medical Society. The society thought so highly of him that they established the Charles L. Hill Award, "the highest recognition that the Medical Society bestows upon its own member physicians for leadership and service."

PROVIDER NEWS

Quit for Life: Neighborhood's Smoking Cessation Program

Tobacco use continues to be an ongoing medical issue for the Neighborhood Health Plan of Rhode Island population. It remains the leading preventable cause of disease and death in the United States, causing approximately 444,000 deaths each year and costing approximately \$157 billion in annual health-related economic losses.

In response, Neighborhood has developed a new smoking cessation program called Quit for Life. This program offers telephone counseling and support, educational mailings and relapse prevention education to members who smoke. Currently the program receives referrals from our case management programs such as Asthma, Bright Start and Optima, as well as other sources.

Every identified smoker is offered tobacco cessation services through this program. They receive an educational packet with tips and tricks to help them quit, as well as other tobacco-cessation educational materials. The information packet is followed up with a telephone call from Neighborhood's health educator, who is a trained tobacco treatment specialist. During the call, further cessation services are offered to members. Once they have agreed to services, additional tools are mailed to members to assist with their efforts to quit smoking.



Members also are educated regarding Neighborhood's pharmacy coverage of nicotine replacement products, such as the patch, gum and Bupropion SR. Research shows that providing counseling and support together with nicotine replacement therapy doubles a person's chances of successfully quitting smoking—this is discussed with members. Members are then referred to their provider to determine the safety and appropriateness of their use of these products and to obtain a prescription, when indicated.

Neighborhood is committed to assisting our members in their efforts to achieve good health. Quit for Life is one of the many ways in which we reach out to members to support and encourage their efforts on the road to good health. ●

ONLINE STANDARD FEE SCHEDULE NOW AVAILABLE

On January 2, Neighborhood began offering a searchable online fee schedule within the provider portal of the Neighborhood website. In compliance with a mandate from the Office of the Health Commissioner, Neighborhood developed this feature to streamline the processing of requests for rate information within the standard fee schedule. The search engine allows up to 25 codes to be entered at one time and immediately returns the rates associated with those codes. This service is the result of Neighborhood's continuing effort to improve the efficiency and quality of service to its outstanding network of health care providers.

NEIGHBORHOOD PHYSICIANS HAVE PERFECT SCORE IN AFTER-HOURS ACCESS

The results from the 2006 After-Hours Survey of providers, completed by the provider service specialists team, are spectacular! One hundred percent of the primary care practices surveyed have a reliable and consistent mechanism to facilitate after-hours phone calls: 18 percent have an answering service, 4 percent have an answering machine, and 78 percent have both.

Last year, Neighborhood contacted 72 provider sites to learn:

- what type of answering system is used
- how many and which languages are available to callers
- whether or not emergency care instructions are shared before other information.

Findings revealed that 65 percent of the answering services and 34 percent of the answering machines have alternative language capability. The offering of after-hours access mechanisms in an alternative language is critical, as the percentage of Neighborhood members who speak a language other than English remains steady at approximately 25 percent. Neighborhood's provider service specialists are making plans to work with providers to increase these alternative language percentages by next year's survey.

Neighborhood's provider community deserves congratulations for its cooperation with Neighborhood in providing better after-hours access.

PROVIDER NEWS

Asthma Trigger Management in Patient Care

Neighborhood Health Plan of Rhode Island routinely sends asthma information to members who have been identified as having asthma. Neighborhood's key asthma educational mailings teach members what asthma triggers are and what they can do to eliminate or limit exposure or these triggers.

To combat asthma, a project funded by the Agency for Healthcare Research and Quality and the CDC is taking place in the Newport Housing Authority (NHA). A response team from among the Newport Housing Authority, Draw a Breath, American Lung Association, and Neighborhood is addressing the needs of NHA residents with asthma. The maintenance staff for the NHA removed air conditioners in the fall to decrease mold. The team also has taught residents about the poor air quality in basements and gave away hygrometers to assist residents in determining humidity levels.

Neighborhood has taken the lead to address smoking, a common asthma trigger. Neighborhood members can get generic nicotine replacement therapy in the form of gum, patches or Zyban, which is fully covered. Neighborhood also offers PAQS (Parents of Asthmatics Quit Smoking), a research project available in English and Spanish that includes pediatric home asthma management education, plus smoking cessation information and counseling. Neighborhood has an onsite tobacco cessation specialist to assist members via telephone counseling.

There is an asthma case manager who assists providers to address high-risk members. The case manager addresses compliance barriers such as transportation, housing and medication adherence, and provides continued education to help members manage their asthma.

When it comes to asthma, Neighborhood has a plan to make a difference. ●



NEIGHBORHOOD NEEDS YOUR NPI

As you may be aware, all health care providers who use standard electronic transactions will be required to begin using their National Provider Identification (NPI) number on May 23. Therefore, please forward a copy of your NPI notification letter from the Centers for Medicare and Medicaid Services to the manager of Specialty Services at:

Neighborhood Health Plan of Rhode Island
Attn: Ken Vinhateiro
299 Promenade St.
Providence, RI 02908

Or by fax at: 1-401-459-6066

If you have not received your NPI, you may apply for one by contacting the NPI Enumerator by mail:

NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

Or by calling: 1-800-465-3203

Or by email at: customerservice@npienumerator.com

You may also visit the NPI website at nppes.cms.hhs.gov for more information or to apply online.

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

Obesity and Binge Eating Disorder

from Beacon Health Strategies Clinical Department

An estimated 97 million adults in the United States are overweight or obese. Compared to patients who are at a healthy weight, obese patients have a significantly higher number of visits to their primary care physicians (PCP). Obesity is a complex, multifaceted condition that can result in numerous health risks—it has been linked to hypertension, diabetes, coronary artery disease, gallbladder disease, heart disease, sleep apnea, depression and certain types of cancers. A 2004 study by the CDC and RII International estimates that in the U.S., obesity-related medical expenses contributed as much as \$93 billion of the nation's yearly medical bill.

Although obesity has not been significantly linked to eating disorders, research suggests that approximately one-fifth of the obese people meet the criteria for binge eating disorder (BED). Unlike bulimia nervosa, people with BED eat without worrying about getting rid of the food they consume. Therefore, many people with BED are overweight or obese and have a history

of weight problems and weight fluctuations. BED is believed to affect 2 percent of all adults. Some researchers believe that BED is in fact the most common eating disorder, affecting 10 to 15 percent of participants in weight management programs.

Left untreated, BED can put a patient at risk for obesity-related medical conditions. As with anorexia and bulimia, the causes of BED are unknown, although it is viewed by most experts as having psychological roots. As many as 50 percent of BED sufferers have a history of depression, although this may be either a cause or a consequence of the binge eating.

Addressing eating issues in the PCP setting can help identify BED—a psychological condition that has serious health implications for the patient. It also offers an opportunity for PCPs to direct members to the appropriate mental health therapy. As the prevalence of obesity and BED continue to rise, early detection can promote improvements in the patient's physical and mental health status. ●

Beacon Health Strategies' networks include practitioners who specialize in eating disorders, but we continue to seek additional resources. If you have expertise and experience in eating disorders, or if you can recommend other providers who do, please contact Beacon's Provider Relations staff at **1-781-994-7556**. If you are looking for an eating disorders specialist in your area, please call our Member Services Department at **1-800-215-0058**.



UNIFORM BILLING (UB-04)

The National Uniform Billing Committee has approved the UB-04 form as the replacement for the UB-92. All institutional providers who submit via paper claims will be required to begin using the UB-04 on May 23. The UB-92 will no longer be accepted after this date even as an adjustment claim. The UB-04 incorporates the National Provider Identifier (NPI). It is the basic form by which the Centers for Medicare and Medicaid Services (CMS) requires institutional providers to submit paper claims. To view changes and crosswalks, please visit the CMS website at www.cms.hhs.gov.

PROVIDING PROTECTION FROM HPV

Although the Advisory Committee on Immunization Practices has issued recommendations and licensure for use of the new HPV vaccine for females ages 9 to 26, Rhode Island's current state supply allows only for the routine vaccination of girls ages 11 to 12 and catch-up vaccination at ages 15 or 18 as state supply permits.

We share the state's and provider community's enthusiasm about the availability of the HPV vaccine, which will undoubtedly benefit the health and wellness of Rhode Island's female population. However, we must remain conscious of the high cost associated with this vaccine and, therefore, must rely on the state's vaccine supply for our members younger than 19.

Neighborhood *does not* reimburse our contracted network providers for the cost of any vaccines that are available through the Department of Health's State-Supplied Vaccine (SSV) program. **Neighborhood does reimburse for the administration of vaccines supplied through the SSV program when billed according to CPT guidelines.** Neighborhood will reimburse providers for the cost of the HPV vaccine for members ages 19 to 26, along with the cost to administer.

PROVIDER NEWS

Clinical Trial to Study Depression Care for Latinos

Neighborhood Health Plan of Rhode Island has received funding from the Robert Wood Johnson Foundation to evaluate the effectiveness of telephone-based, culturally sensitive depression care management for Latino primary care patients. Neighborhood will be collaborating with Beacon Health Strategies and Butler Hospital on this project.

We will conduct a randomized clinical trial in which depressed adult Latino members of Neighborhood be treated with one of two methods:

- A telephone-based program called Depression Health Enhancement for Latino Patients (D-HELP), in addition to treatment as usual
- Treatment as usual

Patients in the trial must have a antidepressant prescription from their PCP and they cannot be currently receiving behavioral health services. For those who are assigned to the D-HELP group, a bilingual depression care

manager (DCM) will make eight calls to recipients over a 12-week period.

During these phone calls, DCMs will:

- collect information about symptoms of depression
- assess adherence to antidepressant medication prescriptions and other concerns about medication use
- discuss the patient's next follow-up appointment with their PCP
- discuss with the patient how to decrease any barriers to adherence or attending PCP follow-up appointments.

The DCMs will provide written feedback to PCPs once a month or more often if a patient has severe depression or is having trouble with medications. DCMs will also meet with a psychiatrist supervisor on a weekly basis to discuss all cases.

If necessary, DCMs will use an Beacon Health Strategies protocol for managing a suicidal patient. This protocol will ensure patients receive immediate care, if needed. ●



CLINICAL PRACTICE GUIDELINES UPDATE

We have updated the guidelines for Prenatal Care and for Diagnosis and Treatment of Depressive Disorders in Adult Primary Care Patients. To access these guidelines, click on "For Providers," then "Clinical Programs" at www.nhpri.org. Paper copies of all guidelines are also available upon request.

Access to Neighborhood's guidelines on clinical practice, prenatal care and preventive health are available through our website. Contact Cesarina Elias at **1-401-459-6087** for more information.

Chlamydia and Pelvic Inflammatory Disease

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, a leading cause of pelvic inflammatory disease. Because chlamydia is an asymptomatic sexually transmitted disease, many women and men are infected and don't know it. With your help, we can change this and improve the health of women in our care. Please join our continued effort to increase chlamydia screening rates and improve health outcomes for all patients.

The U.S. Preventive Services Task Force strongly recommends that clinicians routinely screen for chlamydia all sexually active women aged 25 and younger and any asymptomatic women at increased risk for infection. The task force also recommends that clinicians routinely screen asymptomatic pregnant women age 25 and younger.

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
- using barrier contraceptives inconsistently.

Screening high-risk young men is a clinical option. 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. Trials are underway to assess the effectiveness of screening asymptomatic men. ●



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.

NURSE PRACTITIONERS RECEIVE SIGNATURE AUTHORITY IN RHODE ISLAND

*by Denise Coppa
Nurse Practitioner, Ph.D.*

Since June 2006 in Rhode Island, nurse practitioners have been permitted by a new law to sign, endorse or certify any medicolegal document, as long as it is within their scope of practice. This enables them to provide greater and more expedient access to health care services for all patients. The new law enhances their abilities to perform duties such as sign physical exam forms, request medical equipment for consumers or sign death certificates.

The state's medical society worked with the Rhode Island Nurses Association to secure the legislative support of the initial bills in the House of Representatives and the Senate.

All agencies that require health documents to be signed exclusively by physicians are encouraged to adjust their policies and procedures to accommodate this new legislation.

**REMINDER:
BILLING PRACTICES**

In their contract with Neighborhood Health Plan of Rhode Island, 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.



**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. © 2007. Printed in U.S.A.

Printed on Recyclable Paper

829M

Health Care Fraud and Abuse: You Can Help

The Government Accountability Office in Washington and others have estimated that 10 percent of all health care spending nationally is lost to "fraud and abuse." This is the first of Neighborhood Health Plan of Rhode Island's new series of articles on the prevention of fraud and abuse.

WHAT DOES "FRAUD AND ABUSE" MEAN?

Fraud is intentional deception to achieve unauthorized benefit to self or another person. Abuse is provider practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary costs to the RIte Care/Medicaid program. This also includes recipient practices that result in unnecessary cost to the program.

WHAT YOU CAN DO TO HELP

Be sure you have provisions in place within your practice to prevent practitioners from:

- billing for services not furnished
 - filing duplicate bills
 - billing for services that do not meet professionally recognized standards for care
 - billing for "phantom" providers
 - "upcoding" or inappropriate billing that results in a loss to the RIte Care/Medicaid program
 - "unbundling"
 - providing inappropriate or no documentation to support items or services billed
 - falsifying certificates of medical necessity, plans of treatment, and medical records to justify payment
 - soliciting or receiving kickbacks
 - violating RIte Care/Medicaid policies, procedures, rules, regulations or statutes.
- Also, watch for misuse of member benefits that include but are not limited to:
- excessive use of RIte Care/Medicaid benefits
 - using another person's RIte Care/Medicaid ID card
 - lending, altering, or duplicating a RIte Care/Medicaid ID card
 - altering or forging prescriptions
 - providing incorrect eligibility or false information to a provider to obtain items or services
 - knowingly assisting providers in furnishing services to defraud the RIte Care/Medicaid program.



Let's work together to stop fraud and abuse and prevent the misuse of health care dollars and benefits. ●